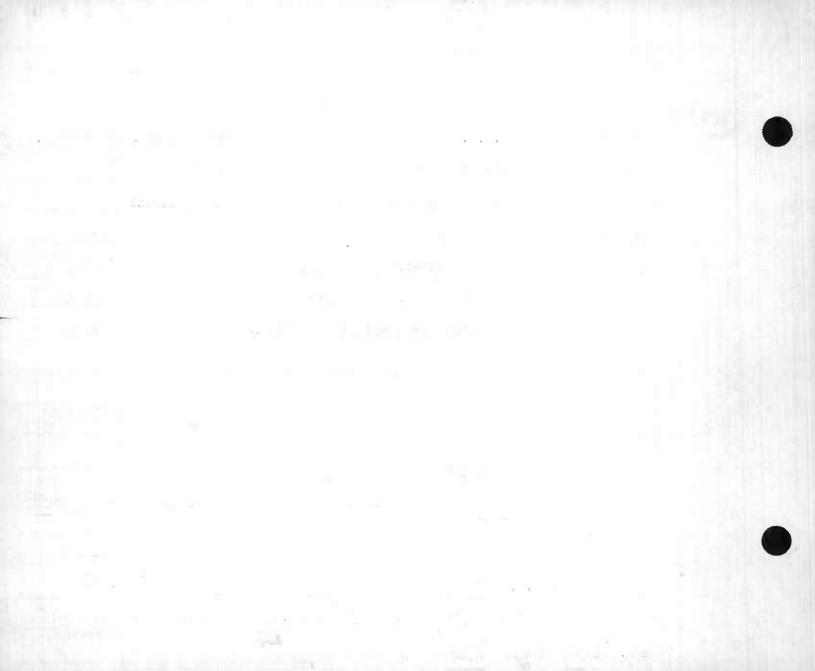
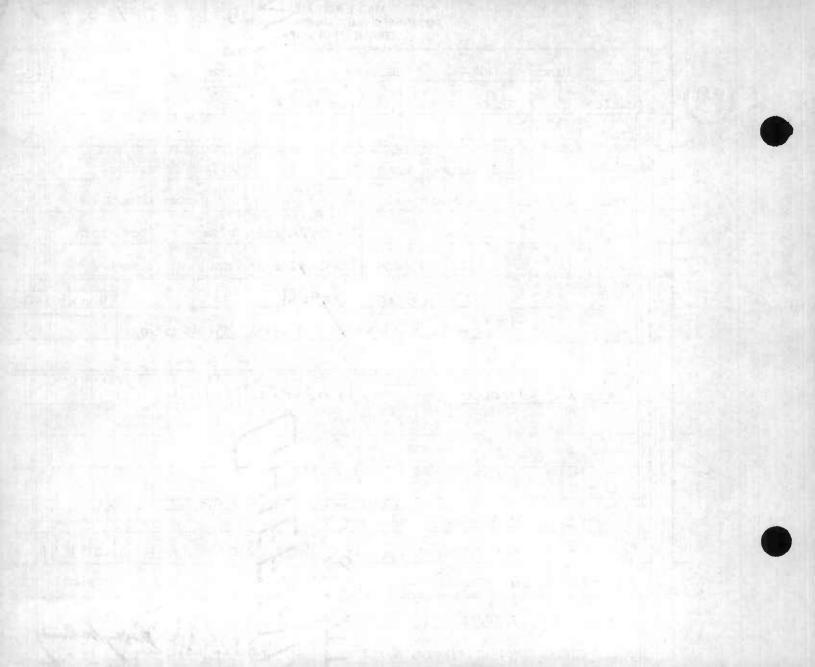
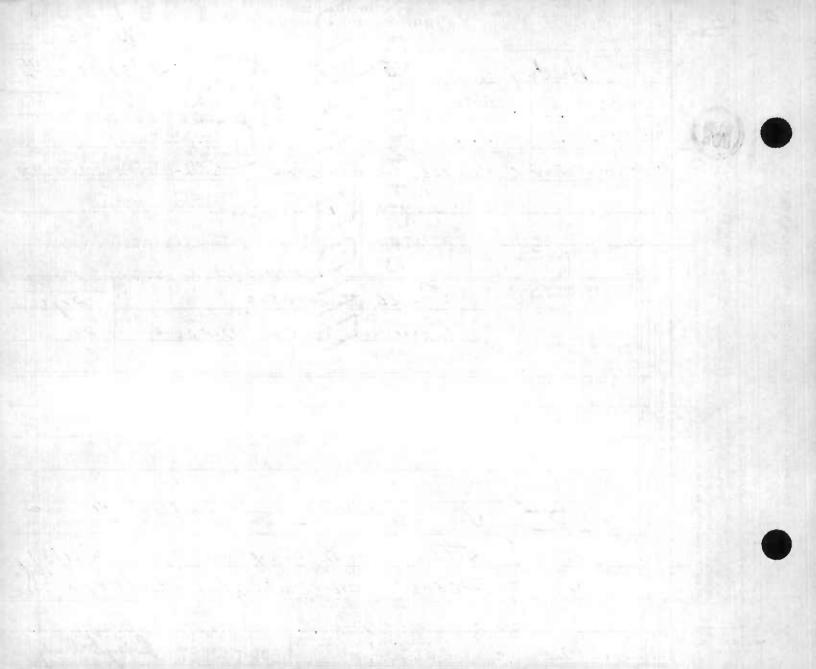
LA CLA LA COMPANS THAT I STATE TO STATE Total II S. As a serial Carroll and Westmister 338 Those Ind Thables Blacker THE CARRELL Wistonisten and 328 study That Walten Daile Transme Tulte The Bronz Diverted Consviews Thile 578 2 de Roll STEAM 3 - 18 81 The Court Strain Cheell Mill Po Miles St. Water of Statement of the first the



Leonard J Ruck Inc. Baltimore, Maryland



2	1,	FOR STATE	DEF	PARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYC	GIENE 8	071	0 0
		REGISTRAR			ATE OF DEATH	REG. NO		5
oge 3 deoth		CEASED NAME FIRST ALCOHOLD	MIDOLE	BISI	INP		3 /3 / 8/	1 18 45
pog ter de	3 SE	(	1 RACE Virginia	5 DATE OF E	BIRTH YEAR	6 AGE (IN YEARS LAST BIRTI	HDAYY IF UNDER 1 YE.	
0		EMALE	NEGRO	MO3H	16 18	62	YRS. MONTHS OAT	
LEST	BC	X Iron, Md.	U.S.A.	MARRIED [	NEVER MARRIED A		r county of death 2 County	
2,1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	JURSING HOME OR O		120 USUAL OCCUPATION	ON 125 KINE	D OF BUSINESS OR
1/06	W	ESTIMINUSTE C	CARCHOLO	c 60 0	ENERGL	domestic-l	eworking life! Industration	sekeeper
記し	130. 5	TATE 136 COU	NTY 13c CITY OF		INSIDE CITY LIMITS?	13e. STREET ADDRESS	gh Avenue	
Aine		aryland Cary	roll Westn	15	'ES NO . MOTHER'S MAIDEN NA FIRST	77		
( Elal		illiam Edu	ward B	ishon	Mary	Fliz		huson
medical			RMED FORCES? 166 SOCIAL	L SECURITY NO. 17	INFORMANT	ADDRE	SSOCIAL 201	11115011
them	H	no l			Mrs. Louise	Spittell		ROXIMATE INTERVAL EN ONSET AND DEATH
vent,		18 CAUSE OF DEATH (Enter OF PART I. DEATH WAS CAUSE	ED BY. TE CAUSE (a)	1 ARCING	CUATES!	5	BETWE	2 CM
ofice		1749	DUE TO, OR AS A SON		4			1
Proum		Conditions, if any, which gove rise to immediate	(b)	oucinos	na of	orreas	7 2	5
other		couse (0), stating the underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF			0	
y, ar		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	1101
no lui	TON							
A Q	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION V	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINI	SES OF DEATH?
18 sho	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Ic HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES THE IB. PART 1 OR PART 2	NO []
r Item 1	CAL	OR CONTRIBUTING CAUSE OF DE.		H DAY TEAK				
ed or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		II. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
morke		WHILE AT WORK AT WORK 228.1 certify that (1) (No. has	ital) attended the decorred	tun 3 /	3/ 10 [-	. 2 /	21 10 41	, that (I) ( lost
21 is 1		sow the deceased alive on		L	hat in (my) (aux) opinion	deoth occurred on the do	, , ,	
hem Hem		27b. SIGNATURE	C A A	DEC	GREE			TE SIGNED
<u> </u>		sellen	2) flee	17 M	ATTENDING PHYSICIAN	MEDICAL STAF		31/8/
MPORTANT		22d. PHYSICIAN S NAME (TYPE C	E. Steer	10 13 14 15	2e. ADDRESS	. /. /.	× 10100	I mit.
IMPO -	23n F	URIAL, CREMATION, REMOVAL			ETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	y. west	mustel
445	(	BURTAL	1/1/91	Cooperati	10 0 11 M	Gindlotho	county	STATE On Md
1/76		INERAL DIRECTOR		ESS Rt. 2', J	ersey rolls DAT	TE REC D. BY REGISTRAR	256 PERETRAR'S SIGN	IATURE
	1 30	llou Memorial (	Chanol Sal	Pishunu M	d AD	D 1 3 1981	morphy / h.	-Ulasing



(VRA 15, 4) 1/79

			EATE .	200	AT.
	45	William Je adding	9.55	dK.	eror
	.oo Ilorrol	X	USA	.v.v	Valla Creek
made	Constmigtion to	· treo!	.011 00. 007.	TEO	ertrinster
heo.i	3 est in ter		le isteratorn	Telto.	. 651
	Miles	d 1	nlacie.	D.	Jame t
011, 18.					
2.41	ter Jeta Josef	, 9° - 10° -	232-12-3705		0
		Merie M.	232-12-2705		0
		Merie M.	232-12-2705		0
		Merie M.	232-12-2705		0
		Mrg. Marie M.	232-12-3705		
		Merie M.	232-12-3705		0

216-94-478 7 E. Calvin soulov Depouso, c. 2115% contel "The content to, of a Mt. step Commeters "Decorde, ed. 2155 ... 

CharTes W. Burrier, Jr., Sykesville, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

(VRA 15, 4)

REGISTRAR

the state of the s Enter the terminal section of the contract of The transfer of the Mark the Court of the Co The war will be a common to the common to th the second of the second secon The Late of the La Milliam The Carle of the March of the Carles Topmoni Topmon . Di . i pitrituiti ilivenito, de reinto a selani

R	1.	FOR		STA EPARTMENT OF	HEALTH AND ME	NTAL HYGIENE	1 0	7 7 0	4
3	1-	STATE REGISTRAR			ER'S CERTIFIC		H REG. NO.		
SS. SS. ET.		CEASED NAME FIRST VIRGI	L 12U	SSELL	CLAN	01/	OF ESTI- DEATH MATED	3 22 1981	64
PLEA RECTC IR FILE HOU	3 SE	ALE WHITE	5 DATE OF BIRTH		ARS IF UNDER 1 YR. I		ONOUNCED DEAD	22 18	1 635
	Ja. B	REIGN COUNTRY I A NY	U.S.A.		8. MARRIED NEVE	DIVORCED [	BALTIMORE CITY OR	A RROLL	MD.
DELAY IS TO THE N PAGE BE FILED	10° C	ESTMINSTEY	L CART	LILITY GIVE STREET ADDRESS)  E RESIDENCE BEFORE ADMISS		OSP FOR PO	OCCUPATION (TYPE OF	HOUS	TRY ING .
E ANY DI F ANY DI SHOULD E SECORD	Ma	TATE 135 COUN Howar		13c. CITY OR TOWN Ellicott	City YES -	NO € 8826	B Town & (	Country Bly	rd.
MP ATH	14. E.	THER'S NAME PIRST Roy	MIDDLE R.	Clark	FIR	est MAIDEN NAME	WIDDLE	Grine LAST	
BALTIMORE, RRS AFTER DE GIVE PAGE! WITH FORM PAGES 1 AN		VAS DECEASED EVER IN U.S. ARA		166. SOCIAL SECURIT	Y NO. 17. INFORM	ANT 8826	B Town & Cott City,	Country Blv	d. 043
301 W. PRESTON ST., BALT CUTED WITHIN 24 HOURS A IN PENCIL IN ITEM 18. GW I. KRAMINER ALONG WITHIN RIAL TRANSIT PERMIT. PAG ID MENTAL HYGIENE, DIVISSI I., OR REMOVAL.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)  Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause last.	D BY: TE CAUSE (a)  DUE TO, OR  (b)	ACUTE	HYOC, oscien	ADDIAL	INFAM	APPROXIMA BETWEEN ON ILAN B ISEASE	YEARS YEARS
CORDS, 3 BE EXECT NDING" 1 AEDICAL AS A BUR ALTH AND MATION,	NOI	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM					
VITAL RECC	CERTIFICATION	190. DATE OF OPERATION			RATION WAS PERFORM	AED?		28 AUTOPS YES	
ON OF THE WATTHE WATTHE WATTHE WATTHE PROUD	CALCER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH DAY YEA	R	OCCURRED (ENTER NAT	TURE OF INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	
DIVISION WRITING VARDED AGE 3 SI ATE DEP	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ICAL EXAMINER: T THE CETTIFICATE, SHOULD BE FORW. ERAL DIRECTOR: P EATH, WITH THE ST SE, MARYLAND, 211.		22a. I certify that I took chargedeath resulted from: Nature ACTUAL SIGNATURE	ge of the remains des ral causes II,		Autopsy ,  Vicide , Hamici  TITLE (SP	DEP MEDIC	Inquiry , and mined manner	DATE 3-22 SIGNED HE16	-81 ##
TO MEDICA EXECUTE THE PAGE 4 SH PAGE 4 SH PAGE 10 SH PAGE 10 SH PAGE 10 SH	230 1	EXAMINER'S NAME DA	WIEL I	WELLIN	EN ADDRESS	WEST	MINSTE	n MARYL	and.
BP		Burial	3/26/81		awn Mem. Ga	ardens Mar	riottsville	Howard Ma	ryland
DHMH - 17 (VR A15 ME (5)) 15M 7/76		UNERAL DIRECTOR NAME  ACK Funeral Home	ADDRESS Ellicott	City, Mary		MAR 3.0	egistrar 256. Regist	fry Kelres	elig
								Professional Control of the Control	

THE THE PARTY OF THE TAIL 177773 87 MENT AND COME . That we had a man if you are a real and the first that the ACOUR MY SOUND INFERENCE PLETE RIPECT ERLETS, CAXIMBES DEBY ETERE かんちょう みをおりして 12人が CALLERY STREET AND THE REAL PROPERTY OF THE STREET AND THE STREET mist SASAT Crea Limpton, Cardena arrivation, up on Line MADE Summeral Closes, with the few terms, were and allowed the contract the contract that the contract the co STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

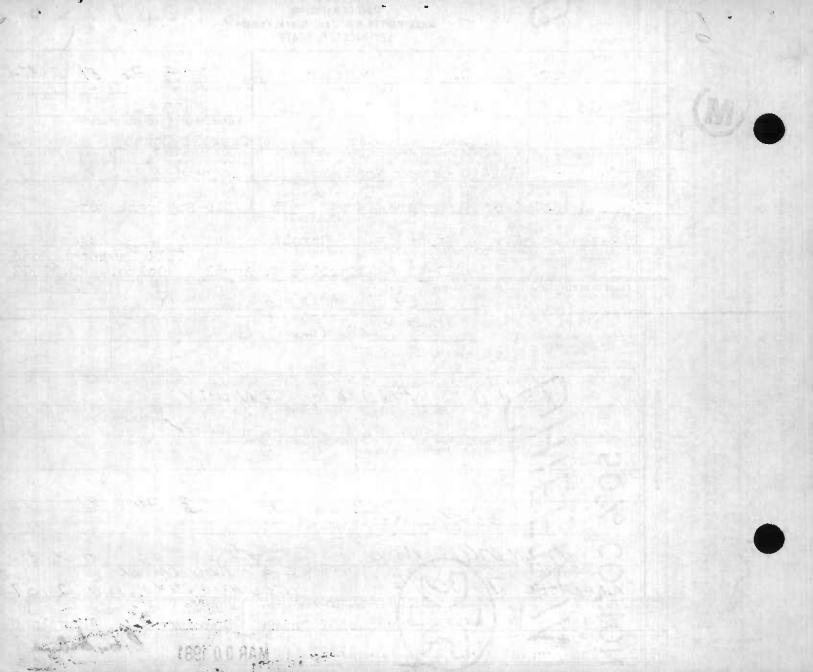
CERTIFICATE OF DEATH

FOR - STATE

REGISTRAR

17 de 11 5A CARROLL Westminster Gradul Co courses taken coment THE CHRIEF WESTAMORE - HE CHARKS STREET STEEPE CRESS EILA THYERS The news 219-01-7114 MARY CRISS Like Amounter Mrs. Bureal 3-38 81 With Thock Externillà Carrell Mad . South The father it is interested in the

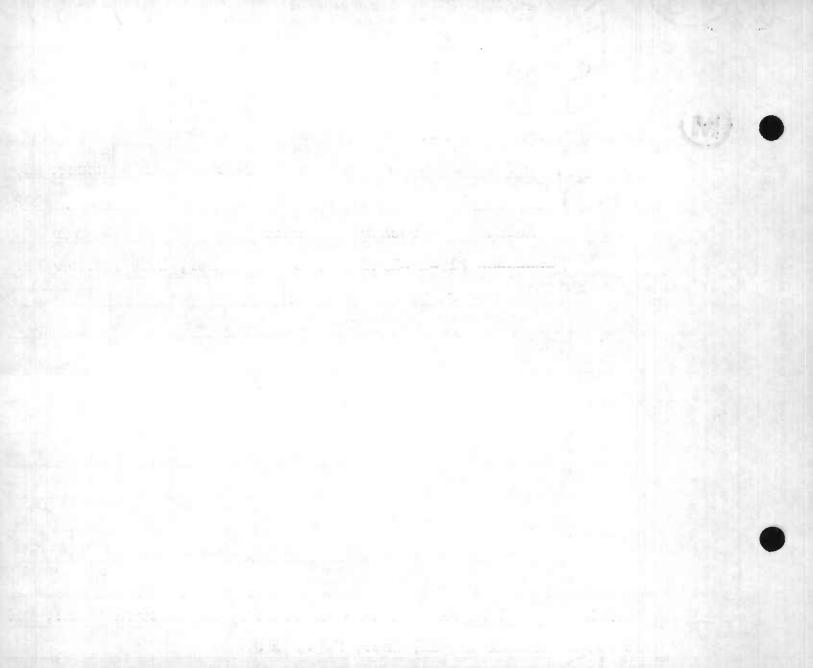
6	h	FOR STATE REGISTRAR	DEPAR	"STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 0 7 /	0 6				
		ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR	2b HOUR				
0 m m m m m m m m m m m m m m m m m m m		Lena	C.	Croucher	3 26 81	2:45A				
1 87	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYE					
_ ( MA)		Female	White	6 4 1903	77 YRS.	13 HOOKS MIV.				
S INSTITUTE OF THE PARTY OF THE		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(?   8   MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
a g a tax		aryland	U.S.A.	WIDOWED DIVORCED	Carroll County	MD.				
the full	10 0	ITY OR TOWN OF DEATH	JIF NOT IN SUCH FACILITY, GIVE STRE		TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTR	O OF BUSINESS OR				
- 0 50 6//		estminster	1326 Deerpa:	rk Road	Housewife					
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill exominer/must be e	130.		OR OTHER INSTITUTION, GIVE RESIDENCE BEF JNTY 13c. CITY OR TO		13e STREET ADDRESS					
YLANI rely fill 2 shoul		aryland   Bal	<u>timore Edgeme</u>	YES NO X	7310 Bayfront Roa	<u>d</u>				
MARY and 2 and 2	14. 1	ATHER'S NAME FIRST	MIDDLE LAST	FIRST	MIDDLE	EAST				
	160	ULYSSES WAS DECEASED EVER IN U.S. A	S. Grant	Caroline	ADDRESS					
BALTIMORE, cote be execu- vol.		(YES, NO OR UNKNOWN) [IF YES, G	IVE WAR OR DATES)	4		gh Road				
cton cton cton L.	-	NO NO	1213-07 anly one cause per line far (a), (b),	7-8813Carolyn N.	AUVII Ballo., M	D. 21222 OXIMATE INTERVAL EN ONSET AND DEATH				
: 4 d d c a		PART I. DEATH WAS CAUS	SED BY:	F.I. Bleeding	BE I WE	IN ONSET AND DEATH				
N ST ding porbon or rem		1590 DUE TO, OR AS A CONSEQUENCE OF								
PRESTON he deoth ce emove corb imotion, ar it		Canditions, if any, which	(b)	Julestinal	Ca					
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	UENCE OF						
es that it please that it please runial, cre		underlying cause last. (c)								
DS, 20 quires signed hen pl o burri	z	PART 2 OTHER SIGNIFICANT	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161							
ORD requ	- E	19a DATE OF OPERATION	196 CONDITION FOR WHICE	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES, WERE FIN	DINGSTISED				
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require offending physicion. Wher this certificate hos been sign os the buriol-tronsit permit. Then the and Mental Hygiene prior to be the and Mental Hygiene prior to be overed or teen 18 shows any injury	CERTIFICATION	198 DATE OF OPERATION	198. CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	IN CERTIFYING CAUS	SES OF DEATH?				
VITAL R VITAL R IN.: The I hysicion. Icote hos ronsit pe Hygiene 18 shows	H H	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUP	YES NO YES TENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2	NO []				
NOFVII	1	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONTH	DAY YEAR						
ON O HYSIK Iding Iding Is ce buric Men Or fre	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION						
VISIO G PHY offendia er this s the bi ond A	¥	WHILE NOT WHILE AT WORK	[AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) STREET	CITY OR TOWN COUNTY	STATE				
		22a.l certify that (1) (this has	pital) attended the deceased from	7-18 , 19 81		, that (I) (we) lost				
ATTEND sspital o CCTOR: A d for use f. of Heal		saw the deceased alive of			death occurred on the date and haur and from t	the causes stated				
He ep he		22b. SIGNATURE	0 - 1 - YI	DEGREE		ATE SIGNED				
A the dest		Me	Hour 1	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN 3	-26-81				
HOSPITAL ned by th FUNERAL uld be det of the State		22d. PHYSICIAM'S NAME (TAPE	garde.	220. ADDRESS 419	c malcolm or					
TO HOSPITA retoined by TO FUNERA should be deawith the Stot		MANUE		WE WE	STIMIN STEK IND	2/137				
	230	BURIAL, CREMATION, REMOVA		C NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY	STATE				
BP	24.	Burial		Gardens Of Faith	Baltimore M. TE REC'D. BY REGISTRAR 25b. REC. TRAR'S SIG	laryland				
DHMH-16 50M 7/77 (VR A 15 (4))			a-Ruck, Incorress	MD. 21222	AD 2 A 1001	Church.				
	/	922 Wise Ave	eliue Dulluain,	LID. TITLE	MU 9 0 130 1					

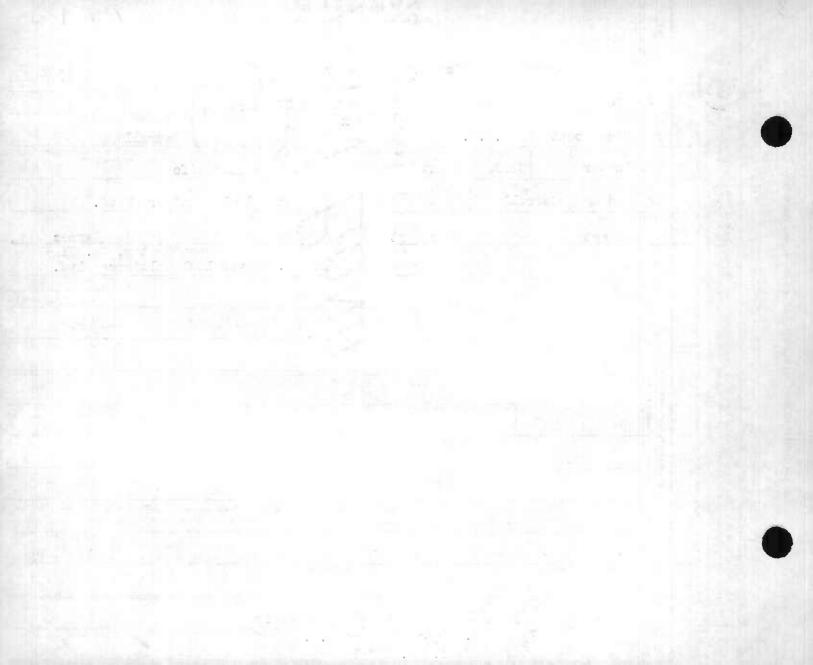


1						E OF MARY		- N	n ~9	10	.7	
4		FOR STAT			DEPARTMENT OF H	<b>IEALTH AN</b>	ID WENTALH,	YGIENE	0 /	1 0	/	
1			TRAR	ME	DICAL EXAMINI	ER'S CERT	TIFICATE O	FDEATH	REG. NO.			
		1. DECEAS		(	MIDDLE	LAST		20. DATE K		DAY YEAR	2b. HOUR	
		(TYPE OR PR		" 1	1, 110	1)		OF DEATH	ESTI-		Zu. HOOK	
	CTOR. FILES. MOURS		Dervice		ene -	1050				3 1,81	M	
	F F F F F F F F F F F F F F F F F F F	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEAR LAST BIRTHOA		YR. IF UNDER 2	MIN. PRONOUNG	MONTH	DAY YEAR	2d. HOUR	
	SARY, PI AL DIRECTOR AL DIRECT	Fema	le White	July 27	1927 53 YR		JATS HOURS	DEAD	3	3 198/	1/1 FM	
	SSA	7a. BIRTHP	ACE (STATE OR	76. CITIZEN OF W		8 ppur _ [	7 . 151/50	9 BALTIMO	RE CITY OR COUN		7	
	NECESS S FOR W PRETTY	FOREIGN	Pa.	U.S		WIDOWED L	NEVER MARRIE DIVORCE		roll Coun			
	ZTA 3	ID CITY OF	TOWN OF DEATH		SPITAL, NURSING HOME,							
	LAY IS N O THE F PAGE 5			(IF NOT IN SUCH FA	ACILITY, GIVE STREET ADDRESS)		STITOTION	FOR MOST OF WORK		OR INDUST	RY	
	DELA N P P P P P P P P P P P P P P P P P P P		tminister		ocust Street			Homemake	er			
_	5 m 4 0 8 0 1	USUAL RES	IDENCE (IF IN NURSING HO	OME OR OTHER INSTITUTION, G	13c CITY OR TOWN		NSIDE CITY LIMITS?	13e. STREET ADDRES	c			
21201	SCENE AND STANK	2.0		rroll	Westminste		S NO 🗆	30 Locus				
2	3. SH	14. FATHER		-21022	T we sometime		AOTHER'S MAIDEN	70 1000	i L			
MD.	ST. ST.	F	RST	MIDDLE	LAST	13.74	FIRST	MIE	DOLE	LAST		
m,	RA PM 3.	Gu			Crist		Florence	ce		Unknown		
W O	PAGE FORM SS 1 AN	YES, NO,	OR UNKNOWN)   (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURITY		NFORMANT	Ap	*DOTE OA		Md.	
BALTIMORE,	RS AFTE GIVE P WITH FO PAGES		no	Λ	179 20 840	9 A TI	homas J.	Doss 30	Locust St	. Wsetmi	nster	
8	3 - 2 - 0	18. (	AUSE OF DEATH (Ente	r anly ane cause pm	for (a), (b), and (c) )			- 1/	/	APPROXIMATI	INTERVAL	
ST.		1	ART I DEATH WAS CAL	JSED BY:	4	11:	. Soulan	Cultura	-4:	BETWEEN ONSE	AND DEATH	
PRESTON	V 24 HC I ITEM 1 ALONG PERMIT GIENE,	1	P P 2 CIMMEI	DIATE CAUSE (a)  DUE TO,	AS A CONSEQUENCE O	ATT MELLIN	I'm cerel	Ong porter p		gru		
EST	A F SH	7 9	Canditians, if any, wh	- 1	TO A SECULIAL E	5 6	) ,			Luk	/	
0.	D WITHIN AMINER A TRANSIT ENTAL HY REMOVAL		gave rise to immed	iate (b)	voulted	2 Wus	a aul w			1 WE		
``````````````````````````````````````	AMII FIRE		cause (a) stating the <u>und</u> ying cause last.	der DUE TO, OR	AS A CONSEQUENCE Q	£						
301	EXX EXX OR		ying coose lost.	(c)								
	ULD BE EXECU "PENDING" IN EF MEDICAL E SED AS A BURI HEALTH AND CREMATION, C	PARE	OTHER SIGNIFICANT CONDITI		BUT NOT REMATED TO THE TERMIN	IAL DIVEASE OR CO	NOITION GIVEN IN PART	Die		> 0		
VITAL RECORDS,	S A STIC		1) - 114	- Brown 0/	1 / 1 / 1	1			1	2/		
Ü	ULD BE E	CERTIFICATION 1907	DATE OF OPERATION	- Wouch	TION FOR WHICH OPERA	TIONINAS DE		usagle	( Epipel	ne wy		
ALS	00754	2	DATE OF GREATION	170. CONDI	HON FOR WHICH OFERA	ITION WAS PE	KPOKMED:	6		20. AUTOPSY		
5	SE CREEK	= =								YES 🗆	NO	
9	SEN	9 21a	XTERNAL CAUSE WAS		FINJURY A. MONTH DAY YEAR	21c. HOW IN	JURY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	RT 2)	35.00	
Z	SHOSED	Y CON	ERLYING OR									
NOISION	SH SH IOR	G 21d	NILIRY OCCUPRED	121e PLACE	OF INJURY (AT HOME.	21f. LOCATIO	N			27 SE- 70		
2	RETTINGE SERVICE DE LA PRESENTA LA PRESENT	₹ WHI	LE NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	STREET		CITY OR TOW	N CO	YTAL	STATE	
	+546.00	AIV	VORK - AT WORK				_					
		2	la. I certify that I took ch	arge of the remains des	scribed abave, held an	Autopsy	, Inspection	Inquiry	and in my ap	inion		
all V	MINER BE FO CTOR: H THE AND,	deo	th resulted fram: N	atural causes	Accident Z Suice	ide .	Hamicide .	Undetermined mar	ner []			
	REC REC		/ /	1. 11	1		THE SPECIFYI			0	01	
	MAK V DUC	ACTU		1.010	Jane -		I bankel		DATE	3)Ma	v 86	
	SHC ATH	SIGN	IATURE	) in a	1 0	M.D	0	MEDICAL EXAMI	NER SIGNE	1100		
	MEDIC, CUTE TI SE A SP SE A SP FUNER, ER DEA	EXA	AINER'S NAME	1. 1 1	Mariando		Carn	oll Caunt	1 Becelon	1000	_	
	E GE	(TYPE	OR PRINT)	LAVIC NY	A ONES M	ADDR	ESS_WESS	5 follows	com ma	2-115	7	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNEXA DIRECTOR: ATTER DEEATH, WITH THE 8 BALTIMORE, MARYLAND, 2	230.BURIAL	CREMATION, REMOVA	AL 236. DATE	23c. NAME OF CEM	ETERY OR CRE	MATORY	23d. LOCATION	COU	ITY SI	ATE	
	BP	(0.00)	Burial	Mar. 6. 198	1 Oak Lawn	Mem Cs	ardens	Gettvshu			a	
	DHMH · 17	24. FUNER	AL DIRECTOR			1	250 PATER	C'D. BY REGISTRAR	ZM.REGISTRAR'S	IGNATURE	-	
	(VR A15 ME (5))	NAME	Pert A. W.	were Wil	Vis St. Wast	1.245	THE PROPERTY OF	1001				
	15M 7/77	10	20001	700-	The	C . L47						

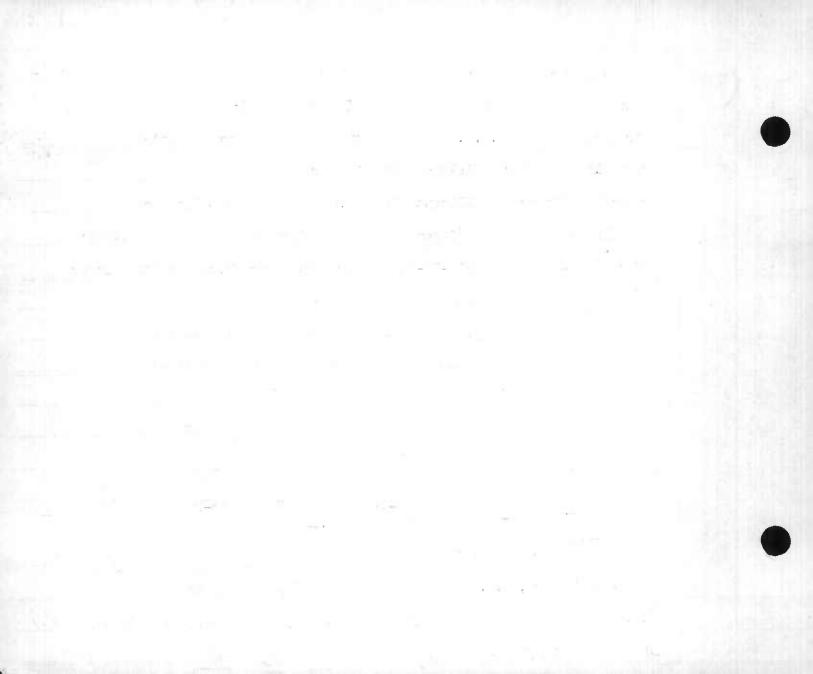
Section will sylver Ben 110 71 too t too to a till too relation of the seast unict laring 179 29 Early W .o.m.n . Pore 30 Dogget oft. Continuence Ballet Johnson Texas of Land St. Land St. Land St.

The English of the State of the molifornial interimon waster William Training the Court of t





Torrest Translation and the least translation and Manufacture of the state of the second secon SAK Co. 381



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

YEAR

2b. HOUR

HOURS

LAST

BETWEEN ONSET AND DEATH

1405

NO T

STATE

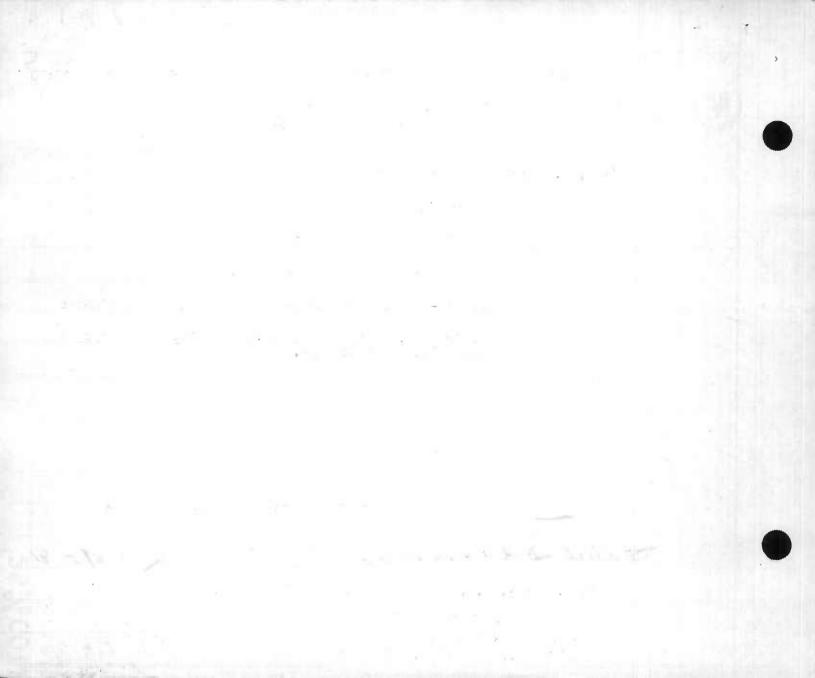
IF UNDER 24 HRS

DHMH-16 25M (VRA 15, 4) 1/79 FOR

- STATE

ENCERN S D. CHARGE control of the second of the second of the second of the second of Selection me with weather a three Ph. Burthwere Fitte The state of the s

3	1	1-	FOR STATE REGISTRAR		DEPARTA	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 I	0	7 /	14		
m.			EASED NAME FIRST OR PRINT)		MIDDLE		AST	2e. DATE OF DEATH	MONTH DA		25. HOUR		
9 0 0 0 0	L	200	Bertha			Givi			3 5	81	10:30%		
A BAM	\ I	), SE)		4 RACE 5. DATE OF BIRTH MONTH DAY YEAR				6 AGE IN YEARS LAST B		FUNDER I YEAR	_		
ERMI!	и.		Female		XXXXXXX WHITE 6 1 1900			80	YRS				
27.00	$\leq$	cc	RTHPLACE (STATE OR FOREIGN DUNTRY) MARY LAND	U	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED				BALTIMORE CITY OR COUNTY OF DEATH  CARROLL COUNTY				
filed and and and and and and and and and an	2		ykesville, Md.	AF NOT IN SU	HOSPITAL, NURSIN CHFACILITY, GIVE STREET A Cield Hos]	DDRESS)	Center INSTITUTION	178. USUAL OCCUPA (179E OF WORK FOR MOS) SALES	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR		
ould be a	5	13a S	AL RESIDENCE IN NURSING HOME TATE ARYLAND	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE 134. CITY OR TOWN PHOENIX		134 INSIDE CITY LIMITS!		EMERE P.	ARKWAY	21131		
ampletely ond 2 sh examine	C		THER'S NAME FIRST MOSES	MIDDLE	GIVNER		IS MOTHER'S MAIDEN NAME FIRST SARAH	WIDDLE		ETTLEM	st IAN		
Poges I	2	léa V (Y	VAS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES, O NO	ARMED FORCES? GIVE WAR OR DATES)	220-54-		17 INFORMANT AL	LAN GIVNER PKWY.	PHOENIX	, MD	21131		
n signed by the attending physic Then please remave carbon pape 1 to burial, cremation, or remaval injury, or ather traumatic event, the		NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	SED BY  ATE CAUSE (0)  DUE TO, O  (b)  DUE TO, O	Cardio-re RASA CONSEQUE Aspiratio RXTQBSIVA	spira NCE OF N. CO	nfluent brone ight lung.			davs	3		
te has been ast permit. It is giene prior shaws any it		CERTIFICATION	190 DATE OF OPERATION	196 COND	1% CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 200 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE YES ☑ NO YES ☐ NO				
riol-trans ental Hyg hem 18 sh	7	-	710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFEITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A	OF INJURY .M. MONTH DA .M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18, PAR	RT T OR PART 2)			
s the bur and Me		MEDICAL	ZIE INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE		
RAL DIRECTOR Afderached for use a late Dept of Health II. If them 21 is mail.			220 I certify that (I) (this ho saw the deceased plive above, (I) (we) (did) (did 27h. SIGNATURE	an	19		nd that in (my) (aur) apinion of DEGREE ATTENDING	MEDICAL ST	date and hour				
TO FUNERAL should be det with the State IMPORTANT:		PHYSICIAN DIRECTOR PHYSICIAN  27d PHYSICIAN DIRECTOR PHYSICIAN  Strahil D. Nacev, M.D.  SPRINGFIELD HOSP. CENTE								YKESVI	LLE, MD		
P	- 1	15	URIAL, CREMATION, REMOV. PRECIFY) BURIAL	MAR.8	,1981 C	HIZUK	EMETERY OR CREMATORY AMUNO	23d. LOCATION BALTIM	UKE		ARYLÄÑD		
OHMH-16 20M RA 15, 4) 7/78			INERAL DIRECTOR SOL I		& BROS., I BALTO.		21:215 MAR	1 1 1981	R 256. REGISTR	AR'S SIGNAT	TURE		



the attending physicion and completely filled in by the funeral remove carbonpopers. Pages 1 and 2 should be filed within 72 f

injury, ar other troumatic

IMPORTANT: If Item 21 is marked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

TO FUNERAL DIRECTOR: After this should be detached for use as the buwith the State Dept. of Health and M.

FOR STATE REGISTRAR		DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8	REG. 1	<b>C</b>	)
I. DECEASED NAME	FIRST	WIDDLE	LAST	2a DATE O	E DEATH	MONTH	7

	REGISTRAR				CERTIF	ICATE	F DEATH	REG.	NO.			
	CEASED NAME	FIRST		WIDDLE	1	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
{ IYP	E OR PRINT)	Maye	Eli	zabeth		Frime	S	March 2	27, 19	81	7	A . M
3. SE	X		4. RACE		5. DATE C			6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER	24 HRS
1	Female		Whit	е	NOT	7. 22	2,1898	82	YRS.	MONTHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		ER MARRIED X	9. BALTIMORE CITY		OF DEATH		
	laryland		U.S	.A.	WIDOWE		DIVORCED [	Carrol	l Co.	,		MD
	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER I	NSTITUTION	120. USUAL OCCUPA		126. KIND O		ESS OR
V	loodbine		6109		Road			Attendar	ice Of	ficer-	-Sch	ool
USU 13a.	AL RESIDENCE (IF NU	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		E E34 INSID	E CITY LIMITS?	13e. STREET ADDRESS				
Ma	aryland		roll	Woodb		YES 🗌	NOX	6101 Da	vis R	oad		
14. F	ATHER'S NAME		MIDDLE	_ LAST		15. MOTH	ER'S MAIDEN NAM	AE MIDDLE		241	T	
	Charles	5	F .	Grimes		E	Clizabet	th		Brande	nbu	rg
	WAS DECEASED EVE YES, NO OR UNKNOWN)		MED FORCES?	16b. SOCIAL SECU		17. INFOR			RESS		P	a.
	No			220-36-	<u>-9350</u>	Ray	A. Gri	lmes, Box	: 38,M	cKnigh	itst	own,
	18 CAUSE OF DEA	TH (Enter on	ly one couse per	line for (a), (b), and							MATE INTER	
	11111		E CAUSE (o)	Cardiac e	arres	t, AS	HD, cardi	ac failure	<del>)</del> ,	10 3	years	3
	4140		DUE TO, O	R AS A CONSEQUE	NCE OF	-2- (		/ 6				
	Canditians, if an		(b)	arterios	3 Te Lo	318 (	generaliz	ed) with	0086			
1	cause (a), stat underlying caus	ing the	DUE TO, O	RAS A CONSEQUE gangrene	righ	t foo	t					
_	PART 2. OTHER SIG	GNIFICANT	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELA	TED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	01	
CERTIFICATION									5/2/11			
ICA	190. DATE OF OPER	NOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20s AUTOPSY?	20b. IF YES	S, WERE FINDIN YING CAUSES	OF DEAT	D (H?
RTIF			T Pa					YES NO	YE	S 🗌	NO [	-
	210. ACCIDENT WAS U	_	1 216. TIME O HOUR A.		Y YEAR	21c HOW	V INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PART 2)		
MEDICAL	LIF EITHER NOTIFY ME	DICAL EXAMINER	Ρ.	Μ.	19							
MED	21d INJURY OCCU		(AT HOME, STR	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC )	21L LOCA	ATION REET	CITY OR	TOWN	COUNTY	5	STATE
	AT WORK AT W	ORK			-	970		3_9/	1-81			
	220 I certify that ( sow the decea		3_9	e deceased from _			, 19	, 10	/		that (I) (	
	obove, (I) (we)	(did) (did na	) view the bady	after death.			my (our) apinion c	death accurred on the	dore and nou			
	Die Signature	was.	1 >	Nall		M.D.	ATTENDING _		AFF _	22c. DATE 3-2.	7-81	
	22d. PHYSICIAN'S N	JAME LTYPE	PRINTI	, tall		22e. ADD		DIRECTOR PHYS	ICIAN [	00		
	Howard E						Box 318	Sykesvil	le, Md.	21784		

234. NAME OF CEMETERY OR CREMATORY

Taylorsville

BP\_\_\_\_

DHMH-16 30M 2/80 (VRA 15, 4) Charles W.Burrier, Jr., Sykesville, Md.

3-29-1981

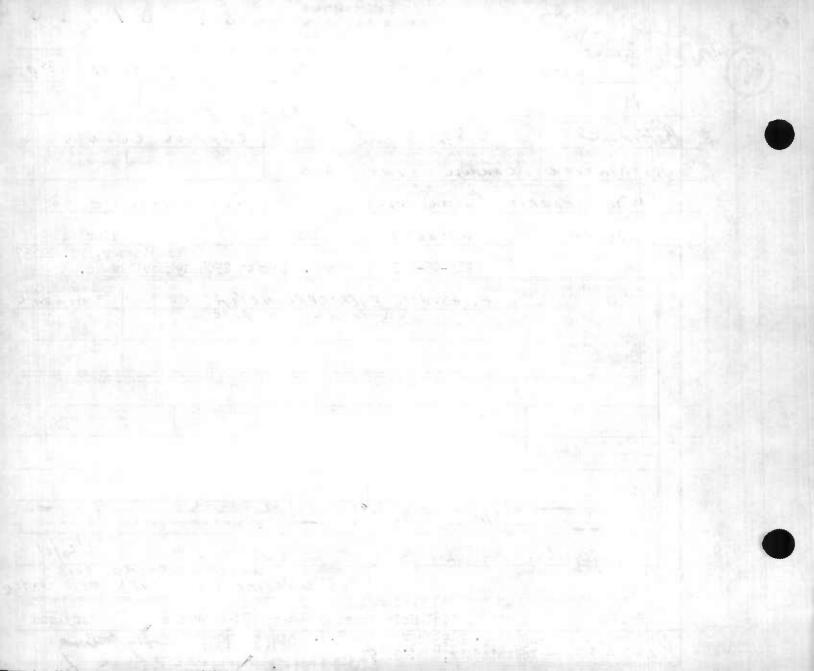
Taylorsville Carroll, Md.

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR & SIGNATURE

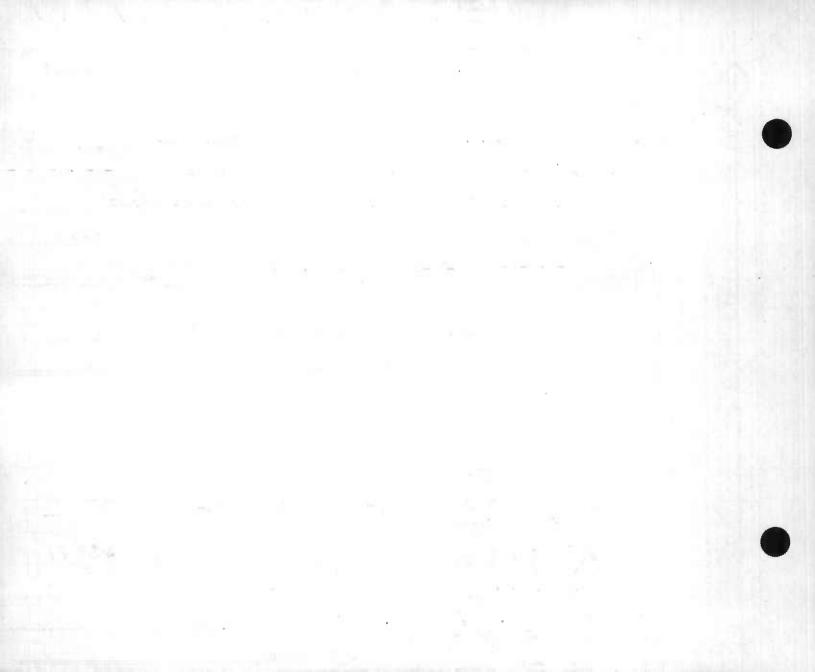
1 - 0 1 Toods: -tening semplasting the series contained to a series con-Beeck sives total as a seridipo. I fores fine fine s Remarks and the second section of the section of th 2220-76-9950 Mey A. Orisma, Mox 38, kalkiya tatawa direct of the content of the course of the Series of the committee of the second dennie Belance, M. I. Beriati 9-29-1911 | Magrayetta | Parkerstill, Chrysli, Chrysli, H. Mullellerante, at the test to talk of

	1	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	0771
		CEASED NAME FIRST E ORPRINTI WALTER	Joseph 1+4	ICKETT Sr.	20. DATE OF DEATH	3 29 81 11 35°
	1 58	* M	4 RACE	S DATE OF BIRTH MONTH DAY YEAR 3 16 09	6 AGE (IN YEARS LAST BIRTH	HDAY WE UNDER 1 YEAR # UNDER 24 MONTHS DAYS HOURS A YRS.
35	B	OUNTY MODES	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	CALRUL	C COVNTY
00	N	ESTHINSTER	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET A CHULCLE CO	VWTY GEN	12a USUAL OCCUPATK (TYPE OF WORK FOR MOST OF	
35	13a	MD. ISTATE COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY I3( CITY OR TOWN  R&L C WEST-4, M	STER YES NO B		KESVILLE KD.
6	14. F.	ATHER'S NAME FIRST WALTER	HACKE		th	Tiernan
, the me		NAS DECEASED EVER IN U.S. AR/ YES, NO ORUNKNOWN) (IF YES, GIVE NO	war or dates) 215-05-5		kett 2504 Sy	Stminster, Md. 21 kesville Rd.
iny injury, or other trauman	NOI	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last	DUE TO, OR AS A CONSEQUE    b)  DUE TO, OR AS A CONSEQUE  (c)			
9	CERTIFICATION	190 DATE OF OPERATION	19% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	201). IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH!
9		218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	The second secon	19		
nav ipi	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC) 211 LOCATION STREET	CITY OR FOW	N COUNTY STATE
			) view the body after death.	DEGREE	death occurred on the do	the ond hour ond from the couses state  22c DATE IGNED  3/30/5/
1		22d PHYSICIAN'S NAME (TYPE OF	FEVALAN M.S	22% ADDRESS 215 WASH	WESTHINS	TEK MD 21157
2	23a.	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY

DHMH-16 25M (VRA 15, 4) 1/79



	1	FOR STATE REGISTRAR			MENT OF H	OF MARYLAN EALTH AND MI ICATE OF DE	ENTAL HYG		(s. NO.	077	1
		CEASED NAME EORPRINT)	George	MIDDLE R.	Har	ies		20 DATE OF DEAT	03	23 81	7:30
	3. SE	x Male	4	RACE White	S. DATE O	F BIRTH	94	6. AGE JIN YEARS LAST	( BIRTHDAY)	MONTHS DAYS	IF UNDER 2 HOURS
35		IRTHPLACE ISTATE OF OUNTRY)  aryland	FOREIGN 76	U.S.A.	MARRIED WIDOWE	NEVER MA	ARRIED	BALTIMORE CIT	Y OR COUN	NTY OF DEATH	
12	10 C	Sykesvi		1. NAME OF HOSPITAL, NURSIN HE NOT IN SUCH FACILITY, GIVE STREET Springfield Hos	ADDRESS)	Center Center	NOITUT	120. USUAL OCCUP (TYPE OF WORK FOR MC Railroad	ST OF WORKIN	G LIFE) 126 KIND C	F BUSINES
33	130	al residence fiem state aryland	TUN COUNT	ther institution, give residence before Y 13c. CITY OR TOW Point of	N I	134. INSIDE CIT	Y LIMITS?	13. STREET ADDRE		ldress	
20	14 F	ATHER'S NAME FIRST Rich		Hanes		15 MOTHER'S /		ME	LE	Low	ry
2		WAS DECEASED EVE YES, NO OR UNKNOWN) NO	R IN U.S. ARMI			Records		ingfield	DRESS Hospit		
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which  (b) Arteriolar nephrosclerosis  Vears									rs
	CERTIFICATION	gove rise to in couse (a), sta- underlying cau	nmediote ting the se lost	DUE TO, OR AS A CONSEQUE  (c) Generaliz  ONDITIONS CONTRIBUTING TO I	ed ar	eriosc]	Lerosis		ONDITION	yea	rs
2		190 DATE OF OPER	MOITA	1% CONDITION FOR WHICH	OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	IN CER	YES, WERE FINDII RTIFYING CAUSES YES	NGS USED OF DEATH
9		210, ACCIDENT WAS U OR CONTRIBUTING	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJU	URY OCCURR	RED (ENTER NATURE OF		18, PART I OR PART 2)	
	MEDICAL	WHILE NOT	WHILE WORK	210 PLACE OF INJURY   AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	7	CITY OF	RTOWN	COUNTY	STA
		sow the deceased alive an 03-23 19 81 , and that in (my) (our) opinion death occurred on the date and hour and from obove, (I) (we) (did) (did) (did) (did) only view the body after death.									
		226. PHYSICIAN'S	lille	guel		AT		MEDICAL DIRECTOR PH		3-23	3.81
		Else Hi	1	M•D•		Sykes	ville,	-			
	23a.	BURIAL, CREMATION		136 DATE 25, 1981		emetery or cr aul's		23d LOCATION CITY OF TOWN	Roe	Fred	state
M /78	24 S	MAMEN T'A	delev	Keeney Basto	4	nenel		REC'D BY REGISTE	AR ISE REC	STRAR'S SIGNAT	URE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

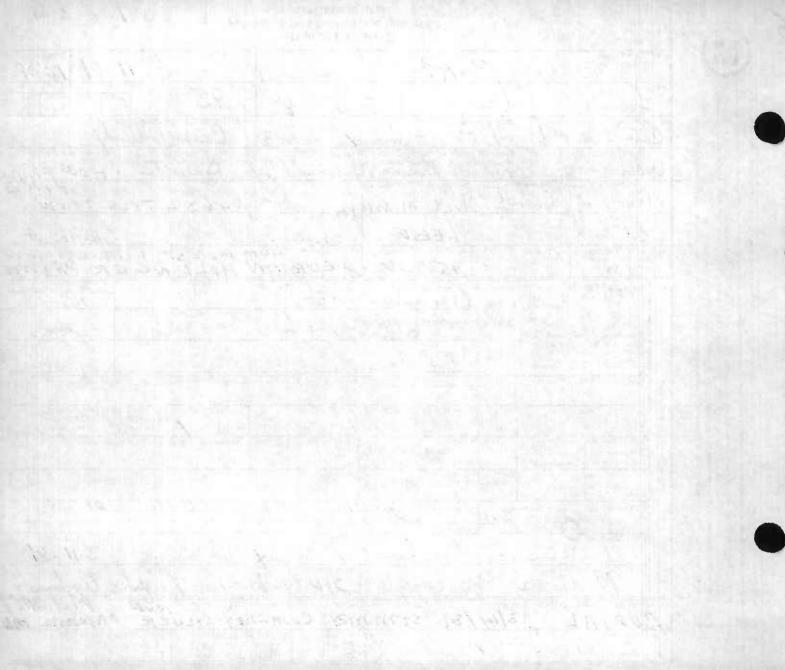
FOR

To the state of th ... Howe The state of the s The state of the s Lecard Turned Say of the State The state of the second state of the second second

BUILD THE STATE OF The same of the sa

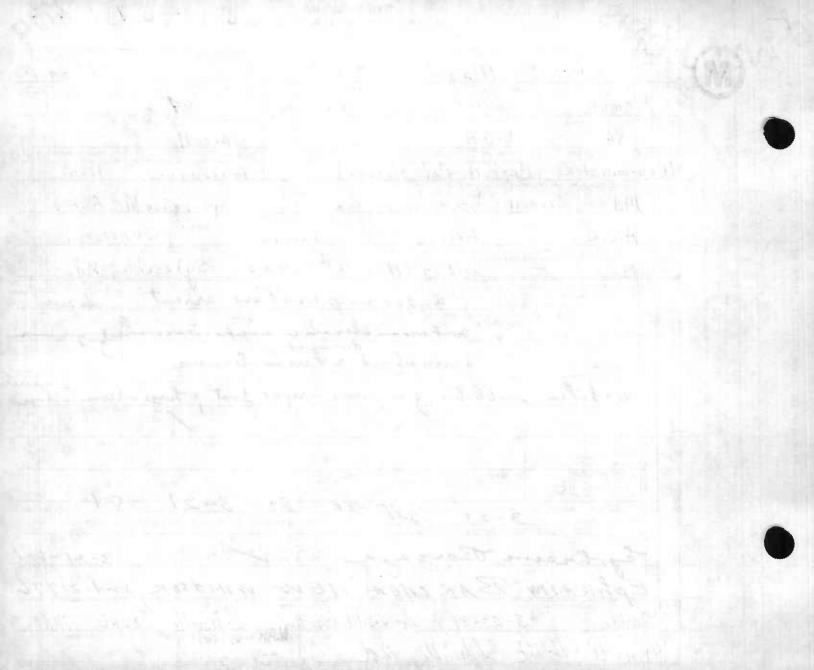
(VR A 15 (4))

STATE OF MARYLAND



- 10	FOR 1 - STATE	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL		121
	REGISTRAR  1. DECEASED NAME FIRST	MEDICAL EXAM	AINER'S CERTIFICATE	26. DATE KNOWN MON	TH DAY YEAR 25 HOUR
M HE SE		rence Helen	Lyde	OF ESTI- DEATH MATED	3 29 1081 5th
	Female White	9 11 1898 82°	(IN YEARS FUNDER YR. IF UNDER IRTHDAY) MONTHS DAYS HOURS	PRONOUNCED DEAD	29 81 500
HECESSAR PERFECTION ST. WITHIN 72 H	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Middleburg, Md.	U.S.A.	8 MARRIED   NEVER MARI		
AY IS AGE FILED	Westminster	11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADD Carroll County G	RESS)	120. USUAL OCCUPATION (TYPE OF WOR FOR MOST OF WORKING LIFE)	
IF ANY DEL	USUAL RESIDENCE (IF IN NURSING HOME 130. STATE 13b. COUL Maryland Ca	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AI NTY 134. CITY OR TON POSTMI	VN . 13d. INSIDE CITY HMITS?		
A PATH	14. FATHER'S NAME Edward	MIDDLE Hubbs	IS MOTHER'S MAID IS abell	e Susanna	Wilson
AFTER NE PER PER PER PER PER PER PER PER PER PE	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SEC E WAR OR DATES)	The second secon	ADDRESS Bosley 1732 Bethel Westminste	Rd. Md. 21157
. 28	PART I DEATH WAS CAUSE	ATE CAUSE ( )	goleve Softee	nee !	HETWISHES TO GEATH
E ZZ Y E F F	Canditions, if any, what	(b) Pucceripe	transactice a	Taluviés	6 Wts
301 W CUTED IN PEI JRIAL-T ID MEN.	cause (o) stating the <u>under</u> lying cause last.	Lesto Ale	edent On	2 Car	6 WK=
L RECORDS, 30 ULD BE EXECL "PENDING" IN EF MEDICAL I SED AS A BUR HEALTH AND CREMATION, (		S CONTRIBUTING TO DEATH BUT NOT RELATED TO THI	E TERMINAL DISEASE OR CONDITION GIVEN IN P	ART 1 (a).	
₹ 00 F 5 % : /	190. DATE OF OPERATION 14 F S S S S S S S S S S S S S S S S S S	Fracture &	E Suur + For	tella.	20. AUTOPSY?  YES NO.
S FFOORT	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 820 11Febr	YEAR A A TO A	ED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	L fole
DIVISION  NER: THIS CERTIFIC ICATE, WRITING TH F. FORWARDED TO TOR, PAGE 3 SHOUT THE STATE DEPARTO.  THE STATE DEPARTO.  TO THE STATE DEPARTO.	UNDERLYING OR CONTRIBUTING CARE OF THE CONTRIBUTING CARE OF THE CONTRIBUTING CARE OF THE CONTRIBUTION OF T	STREET ACTORY FARM, ETC.)	Loute #97	Near Selver Run	control STATE
FINER: T	220. I certify that I taak chor	ge of the remains described above, held	Autopsy , Inspection	on , Inquiry , ond in my	opinion
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE. WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLERIO, (1201 PR.	ACTUAL SIGNATURE	land le Jours	TITUS (PECIFY)	MEDICAL EXAMINER SIG	18 30 Mar 8/
MEDICA SE 4 SH SE 8 SH FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA FUNERA	EXAMINER'S NAME (TYPE OR PRINT)		ADDRESS		
Bb EAC PAGE	230. BURIAL, CREMATION, REMOVAL ISPECIFY) Buria	1/2.81 Krider	rcemetery or crematory		ounty state rroll Maryland
DHMH - 17 (VR A15 ME (5)) 15M 7/77	A SUNSERAL DIRECTOR	as D. Fletcher Easte Main St. minster, Md. 21	& Son F.H.  250 DAYE	REC'D. BY REGISTRAR 256. REGISTRAR	

Control of the contro		
	13 200	
		To control of the second
	Art powers	The street threat the
	o . i zateli d	
ACCUPATION OF THE PROPERTY OF	770,19101	



	1.	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 1 REG. NO.	1/23
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	TO DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ath	,,,,,,	Otto	J.F.	. Jade	03	06 81 0147,
CMM	3 SE	Male	RACE	S DATE OF BIRTH  MONTH DAY YEAR  04 12 96	6. AGE (IN YEARS LAST BIRTHDAY)  YRS	FUNDER I YEAR IF UNDER 24 HRS
27		RTHPLACE (STATE OR FOREIGN DUNTRY) Er Many	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALTIMORE CITY OR COUN	TY OF DEATH
by the fun	10 C	les tuins ter		NURSING HOME OR OTHER INSTITUTION		12h. KIND OF BUSINESS OF
ould be to	13e :	AL RESIDENCE (# NURSING HOME OF TATE 13h COUR	VIY / LIBY CITY O	SOUTS YES NO YES	5? 130 STREET ADDRESS TO THE	Road 210
1 and 2 sh	14. F/	THER'S NAME FIRST	MDDLE IA	IS MOTHER'S MAIDEN	WIDDLE	LAST
h and cor Pages 1 a	160 V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GM	E WAR OR DATES)	SECURITY NO 17 INFORMANT	ADDRESS  Sauer same	
ing physicial poor removal.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (a),		1	METWEEN ONSET AND DEATH
			TE CAUSE (o)	CoV.F	1.	4 days
carl carl on, trau		4272	DUE TO, OR AS A CON	ASEQUENCE OF ASC	VO	Yes
by the at se remove I, cremati , or other		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CON			112
n signed nen pleas to buria y injury.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE T	FERMINAL DISE ASE OR CONDITION (	SIVEN IN PART 1(a)
te has beel permit. The iene prior steel shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
physician. is certificat ial-transit p lental Hygi or Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONE	TH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM )	8, PART I OR PART 2)
l or attending physician.  OR: After this certificate ha use as the burial-transit perm Health and Mental Hygiene.  21 is marked or Item 18 sho	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,	ZIE LOCATION	CITY OR TOWN	COUNTY STATE
TOR: / use as f Health		22a.1 certify that (1) this hosp			81_, to 3 - 6 nion death occurred on the date and h	, 19 , tho (1) (we) lo
Hospital or a OIRECTOR: ched for use a Oept. of Heal		above (1) well did (did no	ot) view, the bady after death	DEGREE		224. DATE SIGNED
the the sale of are of	10	226 PHYSICIAN'S NAME (TYPES	elserelle)	ATTENDIN PHYSICIA 27: ADDRESS	N DIRECTOR PHYSICIAN	3-6-81
A State	1		m r grant	218 Washi	notion Heights Mea	LUL CENTOL
retained by the TO FUNERAL (Should be detach with the State O		Alva S. B	ker	Westm		1157

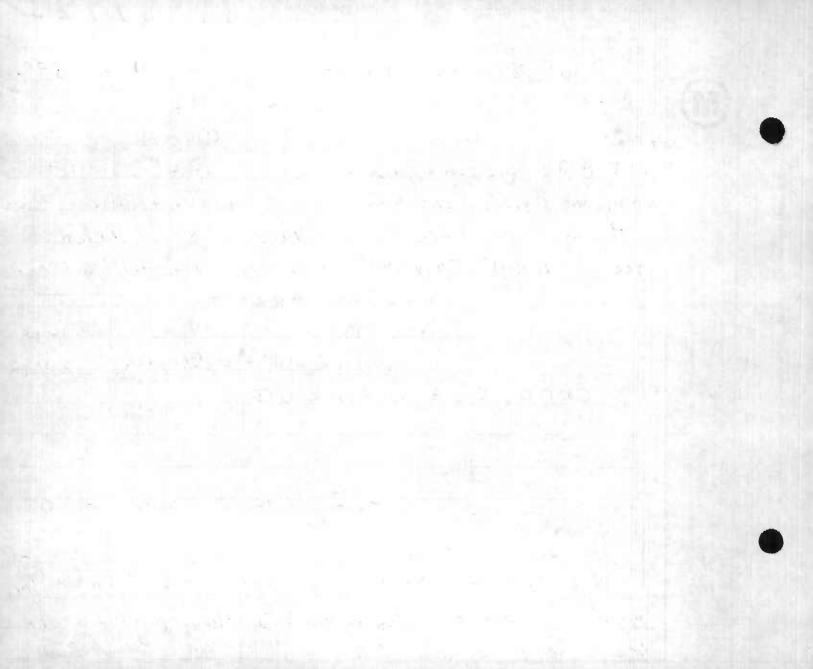
Westmant Confessor has been no deed to supply the second to the second t uman tous, restlated VI - we also we are on C.V.A. locate. 1881, 2.450 Legand J. Hugh Inc. in 1 Corres Land Land

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

The second of th 

Item 7a G 553 3/23/81 GB STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MICOLE MONTH YEAR 2b HOUR (TYPE OR PRINT) 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH IF LINDER 24 HRS MONTH YEAR DAY5 OP TO BINTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED HINTRY Pennsylvania WIDOWED DIVORCED | 18 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY oceneux-viceun. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DALES) APPROXIMATE INTERVAL CAUSE OF DEATH Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF SCU Canditians, if any, which gave rise to immediate cause a), stating the underlying couse 0 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? per NOD YES [ 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION Ö 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE morked NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram 1981 saw the deceased alive on abave. (1) (we) (did) (did not and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated view the Bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be det with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230. BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP 24. FUNERAL DIRECTOR 250. DA REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE " DHMH - 16 60M 1/75 (VR A 15 (4))



wis white 6 relief 85 ARM Dreft and LISA ARM Meantanter Courty County Ment Machinist Towns Nachinist derroll Hampstoad to light a Mein Street . 57 Thomas Alles Alles Rapies get-for-set wen. Mary T. Fulins, Hargebond, Mil. derected 1-7-51 Manchester Com. Handhester Carroll Md.

Eline Pinerel Tome, Hampateed, Mt.

	1	OR DEPARTM	STATE OF MARYLAND	0.7	797
	1-	TATE	ENT OF HEALTH AND MENTAL HYC KAMINER'S CERTIFICATE OF	DEATH	, - ,
	1.00	EASED NAME FIRST MIDDLE	AMINER 5 CERTIFICATE OF	REG. ITE.	
		OR PRINT)	10-01-	20. DATE KNOWN MONTH	DAY HIM DE HIG
B NECESSARY PLEASE E FUNERAL DIRECTOR. D, WITHIN 77 HOURS W, PRESTON STREET.	3. SE	14 RACE & IS DATE OF BIRTH 16	AGE (IN YEARS OF UNDER MYR. THE UNIDER 24	DEATH MATED 3	DAY WAI 14
PLE RECIE HO STR	3. SE	MONTH DAY YEAR	LAST BIRTHDAY) MEMITINE MAIS HELIES MI	PRONOUNCED	-1 01 0
\$ 30 E	100	1 white June 28 1902	78 YRS.	DEAD	2/ 190/ 19
SE S	FC. B	THPLACE (STATE OR IGN COUNTRY)	MARRIED NEVER MARRIED		Y OF BEATH
NECE FUNE	12	ranglande M.S.A.	WIDOWED DIVORCED		
TEGE SOL	4	Y OR JOWN OF DEATH  11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY GIVE STRE	ING HOME, OR OTHER INSTITUTION ET ADDRESS)  LALEN RATACLE	d. USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING HEE)	126. KIND OF BUSINESS
AIN ORD		RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEATE & 136. CITY O		e STREET ADDRESS	The state of the s
21201 2, AND 3 TO 3. RETAIN PA SHOULD BE I	7	anyland Carroll West	minatio YES NO NO	176. Deep Run (	Road
W A STATE	14. F.	HER'S NAME MIDDLE LA		MIDDLE	A LAST
HTER DEATH	160.1	noun a can	SECURITY NO. 17. INFORMANT	ADDRESS F	gee .
A E a O S Z	100	(IF YES, GIVE WAR OR DATES)	22211	ADDRESS   P	Westminster
ALTIN RS AF GIVE VITH P PAGE: IVISIO			0-7238 July Lang	e 6176. heef Open Ou	. mil.
, 2m, 1, 1		B CAUSE OF DEATH (Enter only one cause per line for (a), (b), or PART I DEATH WAS CAUSED BY:	nd (9).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
		IMMEDIATE CAUSE (a CARROLOS)	boolee Cerviolas	Colar Venerel	
PRESTON ST. VITHIN 24 HC CIL IN ITEM 19 NER ALONG ANSIT PERMI AL HYGIENE,		10 10 Kill All FAI	Author 11 1 0	1-1-	
MAN AND THE TANK		gave rise ta immediate	defenal hower legil	maulaleon	
UTED WITHII  EX AMINE  RIAL-TRANSI  MENTAL H  OR REMOVA		cause (a) stating the <u>under</u> lying cause last.  DULTO, OR AS A COURSE	QUENCE OF		
301 IN P	13	(c) The T	sque.		
L RECORDS, 301 W. PRESTA UULD BE EXECUTED WITHIN "PENDING" IN PENCIL IN IEF MEDICAL EXAMINER A SED AS A BURIAL-IRANY HEALTH AND MENTAL HYS CREMATION, OR REMOVAL		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEAT THAT MOT RELATED	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I	(a).	
RECORDS, JLD BE EXE PENDING** F MEDICA ED AS A BI HEALTH AN HEALTH AN TREMATION	CERTIFICATION				
ITAL REC SHOULD ORD "PEN CHIEF N E USED N OF HEA	S	190. DATE OF OPERATION 196. CONDITION FOR W	HICH OPERATION WAS PERFORMED?		20. AUTOPSY?
OF VITAL RI ATE SHOULI S. WORD "PP THE CHIEF TO BE USED AENT OF HE BURIAL, CRI	E				YES NO
OF V	CER	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH D		ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	RT 2)
ON ON THE	Z Z	UNDERLYING OR HOUR A.M. MONTH CONTRIBUTING CAUSE OF DEATH P.M.	19		
SI FOR SIGN	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY	AT HOME, 21f. LOCATION STREET		UNTY STA
DI OF	2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.	SIREE	CITY OR TOWN COL	UNTY STA
DIVIS MINER: THIS CER TIFICATE, WRITHON BE FORWARDED ECTOR, PAGE 3 S HT HE STATE DER LAND, 21201 PRIO	36	the state of the s	·	71	1. 77
A THE COLOR		220. I certify that 4100k charge of the remains described above			oinian
AMI STIFE SECONDARY MICHAEL		death resulted from Notated covers China L		Undetermined manner,	
AAR WEE		ACTUAL CICLON / A GUSE	MO Desules	_MEDICAL EXAMINER SIGNE	21 Mar BI
SHOE SHOE		SIGNATURE STORES	M.D. Child	MEDICAL EXAMINER SIGNE	0-11101
WO DE WOR	1	EXAMINER'S NAME RICHARD A J	NES ADDRESS DINF.	STININSTER, ME	21157
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEI TO FUNEAT DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI	27a B	THE ORTRINT)	ADDRESS		. 27707
	230.8	8 : 1 3/24/01 3	ME OF CEMETERY OR CREMATORY	23d. LOCATION COUN	STATE STATE
BP	24 F	NERAL DIRECTOR	Mountage Manufact	DUBY REGISTRAN IN REGISTRAN SA	BNATURE .
DHMH - 17 (VR A15 ME (5))	1	NAMES & O.D. 14 S. ADDRESS 1 .7	Sand MAR'S	± 1301	-oung
15M 7/77	1	4. Cephanic Marcheslu	, //42.		
				THE PART OF THE PA	CALLS THE P. LEWIS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

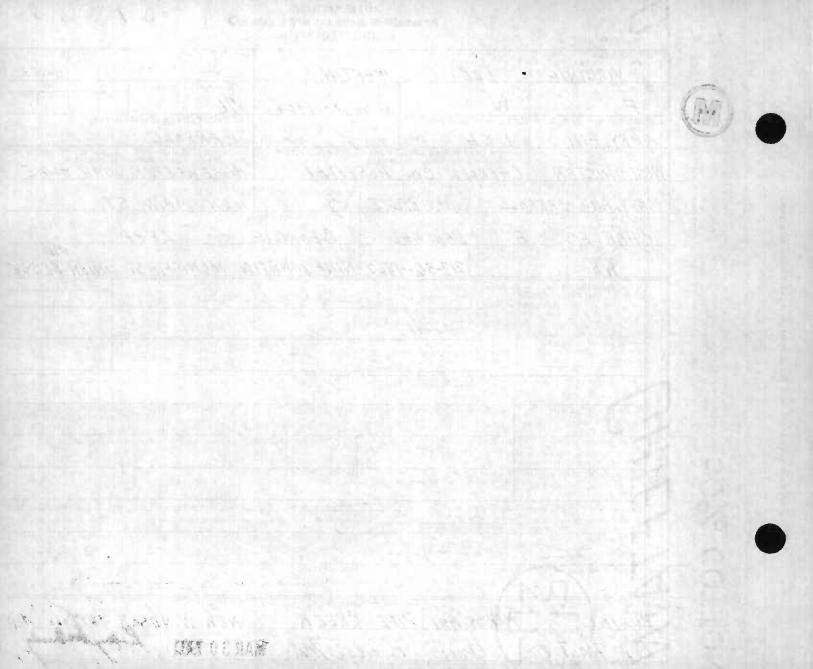
1	1 -	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).			
		CEASED NAME FIRST	MIDDLE	i.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	(TIPE	VIRCINIA .	LEE	MAI	RTIN	Trunch	- 26, 1	1981	6653	м
ă	3 SEX	4	RACE	5. DATE C		6 AGE IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HR	_
		F	W	APRI		76	YRS.	WINS ONIS	TOURS MILE	
1		RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNT	RY?	D NEVER MARRIED	BALTIMORE CITY OF	COUNTYO	FDEATH		
9	17	ARYLAND	USA	WIDOWE	DIVORCED [	CARROL	1		٨	AD.
A	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NU JIF NOT IN SUCH FACILITY, GIVE ST</li> </ol>		ROTHER INSTITUTION	170 USUAL OCCUPATION			F BUSINESS C	R
4	WE	STMINSTER	CARROLL CO	s. HOS	PITAL	HOUSE WEE	PER		HOME	
p	USUA 13a S		THER INSTITUTION, GIVE RESIDENCE B		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
	M	ARYLAND CARRO	SLL VINION	BRIDGE	YES NO	106 N MA	IN S	T.		
-	14. FA	THER'S NAME FIRST MI	DDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	1	
Ź,	1	HARLES	B BANKI	TRD	GEORGIE	2	EPP			
2		AS DECEASED EVER IN U.S. ARM		ECURITY NO.	17 INFORMANT	ADDRE	SS		MD	
		NO.	217-36	-4862	NINA MARTI	IN IOGNMA	INST.	UNION		E
P		18 CAUSE OF DEATH (Enter only		, and (E)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			RETWEEN C	MATE HITERVAL ONGET AND DEAT	
	100	PART I. DEATH WAS CAUSED IMMEDIATE		myou	andert mya	utini				
i		4140	DUE TO, OR AS A CONSE	OUENCE OF						
		Conditions, if ony, which	(b)	herose	linte / to	it Disease				_
	100	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF				1000		
		underlying cause last	((c)				-			_
	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	ITION GIVEN	IN PART 10	3 5	
	CERTIFICATION	TO STATE OF COURT AT LONG	Tial compilion con will	UCU OPERATIO	NI WAS DEDECORATED	200 AUTOPSY?	TON IEVES	WERE FINDIN	ICE LISED	_
1	FICA	19a DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATIO	N WAS PERFORMED		IN CERTIFYII	NG CAUSES	OF DEATH?	
	ERTI	710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	YES NOL	YES YES		№ □	_
1		OR CONTRIBUTING CAUSE OF DEATH	LIBROR A AL MACAITELE		THE HOW HAJORY OCCORR	CED SENIER MATORE OF MAON	IN HEM TO, FANT	( ( OK FAKI Z)		
	MEDICAL	[ IF EITHER, NOTIFY MEDICAL EXAMINER]	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				U34, Q	_
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOW	N	COUNTY	STATE	
		22a. I certify that (I) (this hospital	D. M. alad Mada and Ala	Jus	ren 24 19 81	to march	- 2.6 10	P1	that (1) (we) la	
		sow the deceased plive on_	march 26,		nd that in (my) (our) apinion o					121
		obave, (1) (we) (did) (did not) 27b. SIGNATURE	view the bady ofter death.		DEGREE			27c DATE		-
		Flas	Hanshing	uno.	ATTENDING	MEDICAL STAF		3/2	26/51	
-		22d. PHYSIC FAM'S NAME (TYPE OR	PRINT)		PHYSICIAN [	J DIKECTOR [] PHISIC	AN		1 0 1	-
	2		1+ ARSHEY	mo.	8 ancho	St. West	- in		-R	
	73n P	SURIAL, CREMATION, REMOVAL		73c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION				=
	63	SPECIFY)	MAR 20 1001	DIDE	CREEK	CITY OR TOWN	INCAR	OUNTY	STATE	1)
	nd.	UNINE	1111300-1781	1116	L1461)	-VI-IX IV/	11/00/	6 11 6 6	Dar 111	1

BP DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

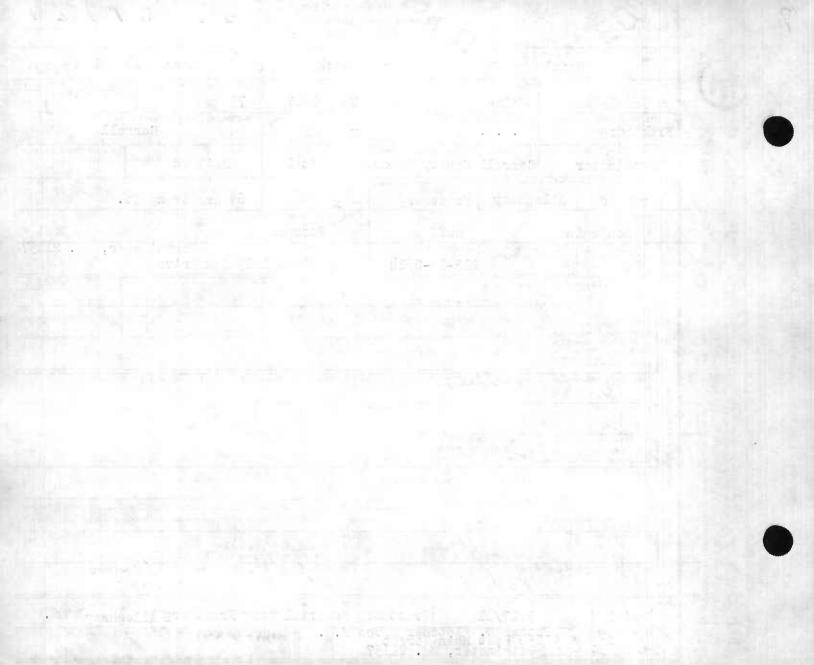
FOR

750. DATE REC'D. BY REGISTRAR 756. RILL MAR 3 0 1381



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



La contrata de la companya della companya della companya de la companya della com the state of the state of the state of Company of the control of the contro VC01624 是是一位。 1986年,1980年,2010年1月,2010年1月,2010年1月,19 te din de inserti As a Epital supplied of the late

		FOR	STATE OF MAKTLAND	7 7 3 1
	1	- STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	, , , ,
		REGISTRAR	REG. NO.	
		ECEASED NAME FIRST PE OR PRINT)	MIDDLE LAST 20 DATE OF DEATH MONTH DA	1 20. 11001
ath ath		EVELYN	M MVERS 3 11	81 5-45
A See	3 5			UNDER I YEAR IF UNDER 24 HR
1-15		E	MONTH DAY YEAR MO	INTHS DAYS HOURS MIN
I THE ST.			3 7 38 43 YRS	
A PER SAL		BIRTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	OF DEATH
E HALL SHOW		mD.		UNTY
1 16 1	10 (	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	126 KIND OF BUSINESS C
1 2 Est	CV	ESTMINSTER	(TYPE OF WORK FOR MOST OF WORKING LIFE) CHROCL CUVNTY GEN COOK.	
A THE PERSON	USI	JAL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	SCHOOL
N BA D	13e	STATE 136 COUNT	Y 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET ADDRESS	
4 55 1	2			AIN ST.
d wi	THE P	ATHER'S NAME FIRST MI	DOLE LAST MOTHER'S MAIDEN NAME	1244
e de la	7		WYP BRAIRIKATH . HILLA	MARKE
mer and co	I 6a.	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
an and Pages t, the n		(YES, NO OR LINKNOWN) (IF YES, GIVE W	213-36-9474 1+05PITAL CHART	
s. P.	-	700		
ificat iysicia ipers. ioval. even		PART I. DEATH WAS CAUSED	one couse per line far (a), (b), and (c):	BETWEEN ONSET AND DEAT
p ph p p p rem		IMMEDIATE	MARTINE TREET P CALLED 1 A/A A . A A E THE MARKET	1 3 MOS
di pod m		1749		
dea car car tra			DUE TO, OR AS A CONSEQUENCE OF	
e atie		Conditions, if any, which	(b)	
the at emove emati		gave rise to immediate cause 101, stating the	DUE TO, OR AS A CONSEQUENCE OF	THE PROPERTY OF
by by seri		underlying cause last		
equires igned n pleas buria		PART 2 OTHER SIGNIES AND CO	NOTIONS CONTRIBUTING TO BEATH BUT NOT BELLEVING TO THE TRANSPORT OF THE TOTAL PROPERTY OF TOTAL PROPERTY O	
	Z	TAN 2 OTTER SIGNIFICATOR CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	NIN PAKI 1(0)
law r been The rior to	18	TA DAYE OF COER A VION	IN COUNTY OF THE	
he mil	2	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY? 208. IF YES, INCERTIFY!	WERE FINDINGS USED NG CAUSES OF DEATH?
		treet and the law are	YES NO YES	
HYSICIAN: physician. ins certificate rial-transit pe fental Hygier or Item 18 sl	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T I OR PART 2]
SICI/hysicians/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/trans/tra		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	
PH g b	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 211 LOCATION	
	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
DING Itendia After s the b th and marke		AT WORK		
N S S S S S S S S S S S S S S S S S S S		22a.1 certify that (1) (Mis-hospita		9./ , that (I) (40) k
ATT tal of		saw the deceased alive an	3/16 19 81, and that in (my) (-) apinian death occurred an the date and hour of	. , , , , , ,
e i fil	1	abave, (1) (did) (did) (did)	DEGREE	
e has e has ched Dept		111 0	ATTENDING MEDICAL STAFF	221. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be detacl with the State [		Myry.	PHYSICIAN W DIRECTOR PHYSICIAN	3/16/81
SPI NEF NEF TA		224 PHYSIC AN'S NAME (TYPE OR P	120 ADDRESS WEST	MINSTER MD
HO HO		MENOD R	10 1 1 1 0	
TO HOSPITAL retained by the TO FUNERAL should be detacl with the State E IMPORTANT:	22	CYE/C / ·	The state of the s	70 / 6/-
	/30	BURIAL, CRÉMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	STATE YTHUC
BP		Bural	3/20/81 PLEASANT VALLEY PISASANT VALLEY	CHROOL MO
DUMAN 40 OFF	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRA	R'S SIGNATURE
DHMH-16 25M (VRA 15, 4) 1/79		DOTTE FINE	ALL MADRESS VITTING TO AMADE A 1001 Biston	ca Prends
		I KELLIS TUNEFA	THE MESIMINES EXTENDED IS 1881	- Victoria

The state of the s 37 TO SEE THE WAS TO SEE THE SEE THE SEE THE SECOND THE Management of the second secon

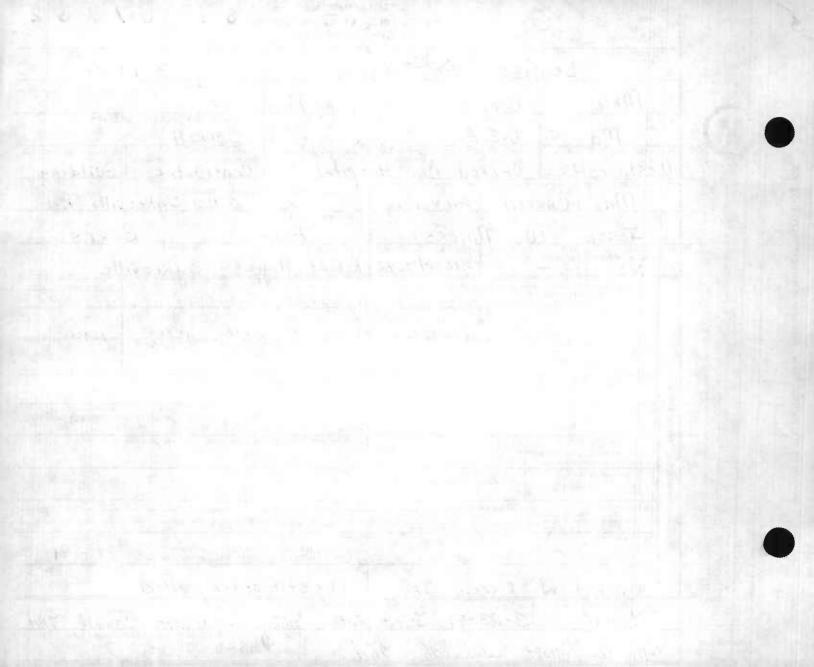
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

- STATE

REGISTRAR



Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

FOR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

Steamship Trade

UNKNOWN

NO [

STATE

Maryland

YES [

COUNTY

COUNTY

22c DATE SIGNED

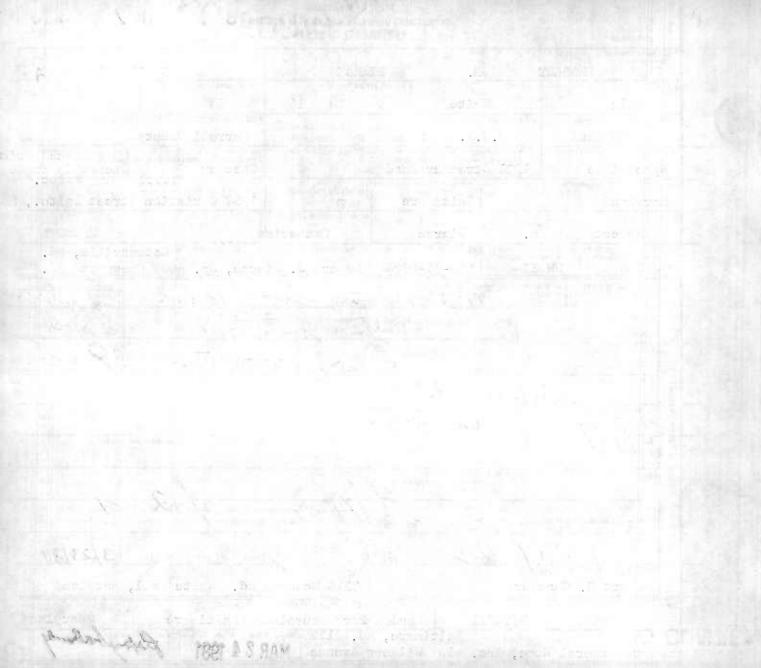
ASSUC.

# UNDER 24 HRS

81

DAYS

IF UNDER I YEAR



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishauld be detached for use as the busial-transit permit. Then please remove carbonpopers. Pages 1 and 2 shauld be filled within 72 haw the State Dept. of Health and Mental Hygene prior to burial, cremotian, ar removal.

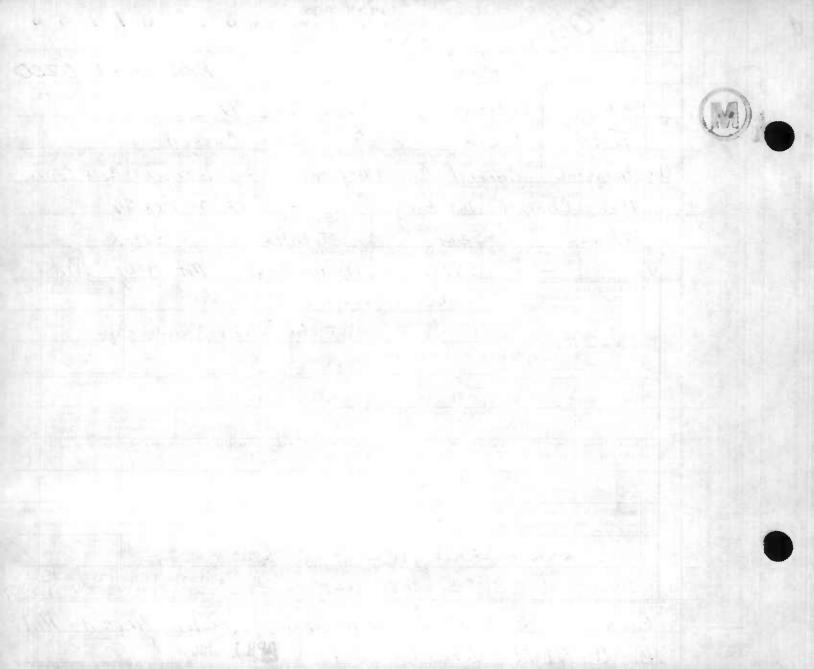
	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE O REG. N	<b>()</b> o.		3 4
1		CEASED NAME FIRST REOR PRINT) Nettie	Elizabeth	Pool	le	March 21		AY YEAR	1:45 P
1)	3. SE	X	4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
/	F	Female	White	Jan	9, 1897	84	VOC M	2 12	MOURS MIN.
في ر	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
5	N	Maryland	U.S.A.	WIDOWE		Carrol	l Co.	,	MD.
00	10. C	Mt. Airy	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2518 Flag	IG HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWILL	ON OF WORKING LIFE C	17b. KIND O INDUSTRY	F BUSINESS OR
of St.	13a S	STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS? YES NO 🔯	13. STREET ADDRESS 2518 F1:	ag Ma:	rsh Ro	1.
Color Color	14. F/	ATHER'S NAME William	o. Porte	r	15. MOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	WE	P	ickeť	t
medical		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES		17. INFORMANT Alva R. Po	25% ole, Mt.	Flag Airy,	Marsh Md.	n Rd.
ony injury, or other froum	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	D BY.  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO I	ENCE OF DEATH BUT	NOT RELATED TO THE TERM		DITION GIVE		NGS USED
Shows	RTIFI			1886		YES NO	YES		NO [
Hem 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT 1 OR PART 2)	
urked or	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, F	ARM, ETC )	ZIF LOCATION STREET	CITY OF TO	wn	COUNTY	STATE
n 21 is mo		sow the deceased alive on above, (I) (year-land) (did no	tol) attended the deceased from	X ( , or	nd that in (my) (aux) apinion of	death occurred on the do		and from the	
= = = = = = = = = = = = = = = = = = =		27h. SIGNATURE WR.C	estwell.	22		MEDICAL STAI	FF CIAN []	3/2	23/8/
MPORTANT		771 PHYSICIAN'S NAME (TYPEO	011	mo	270 ADDRESS Put.	ain, n	ud.		
-		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 3-24-1981		emetery or crematory ne Grove			roll,	
)		uneral director haries W.Burn	rier, Jr., Sykës	vill	e, Md. 250. DAY	AEBO BY BE GEIGHT	25b. REGISTR	AR'S SIGNAT	Webresdy

STATE OF MARYLAND

DHMH-16 30M 2/80 (VRA 15, 4)

Control of the Contro Land Comment real and committee of the committee of Transfer Backers Harris Homen Conf Cont of the evo-t, out sittem in Prole, Mar Mar Mar . More Sevi Infrant Dentila . N. Portaro, Jr. . Janes 111s. Md.

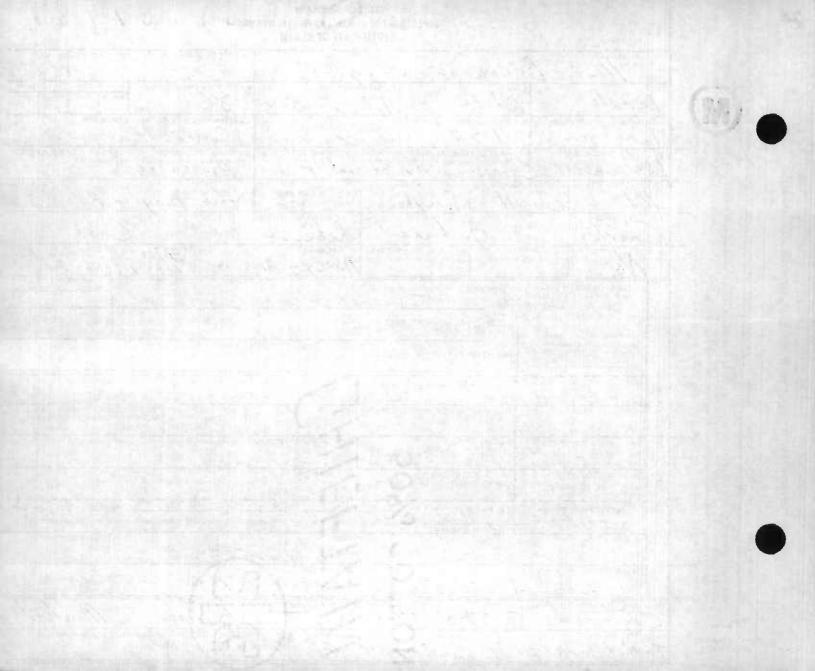
1	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8   REG. NO	07735
be ath	1 D	ECEASED NAME FIRST ROOM	William	SEAL		MONTH DAY YEAR 126 HOUR  27 8/ 0200
age 4 may	3 SI	Male	4 RACE White	5 DATE OF BIRTH  MONTH  DAY  1964	6 AGE IN YEARS LAST RINTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
		SIRTHPLACE (STATE OR FOREIGN COUNTRY) TENN.	16 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALTIMORE CITY O	R COUNTY OF DEATH
by the fu	0 (	Vestminster	I IF NOT IN SUCH FACILITY, GIVE STREET	o. Hospital	12R USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
within 24 hc	5 73a	STATE Md. 136 COUR	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW RED // M+. A1	YES NO A	13. STREET ADDRESS	Box 86
cecuted with completely 1 and 2 should be shou	0	Thomas	MIDDLE SEA!	15 MOTHER'S MAIDEN NA FIRST TABOTA	A. WIDDLE	Green LAST
e be ey		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) JIF YES, GIV	MED FORCES? 16b SOCIAL SECU E WAR OR DATES) 579/6	3199 (1) illie Sc	ADDRE	- Airy Md  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
W. PRESTON ST., B s that the death certif by the attending phy se remove carbon pap al, cremation, or remo , or other traumatic e,		PART I. DEATH WAS CAUSE	DBY TE CAUSE (o)  DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)	ence of central,		ammye
ie law recensions been sint. Then prior to ws any in	CERTIFICATION	PRIOR C V AS	- asporati	DEATH BUT NOT RELATED TO THE TERM ON PROMISE OPERATION WAS PERFORMED	200 AUTOPSY?	20%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OF VITA  // SICIAN hysician. certificat -fransit prail Hygii Item 18	7	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH D	AY YEAR	RED JENTER NATURE OF INJUR	YES NO
DIVISION (BUING PHY or attending plan) R: After this se as the burial sealth and Merical is marked or	MEDICAL	WHILE OCCURRED  WHILE NOT WHILE O	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOW	YN COUNTY STATE
or ATTEN hospital or i DIRECTOR hed for use a Dept. of Hea		saw the deceased alive an	ital) attended the deceased from 3-74, 6:30 pm. it view the body after death.	DEGREE	deoth occurred on the do	19
TO HOSPITAL ON retained by the hosping TO FUNERAL DIRE should be detached if with the State Dept.		SUSAN W	001.01.	4.D MED. CEN	Washin	storinster, riders
BP	L	BURIAL, CREMATION, REMOVAL	3-30-81 J	name of cemetery or crematory	236 LOCATION CITY ONTOWN	Howard Md.
DHMH-16 25M (VRA 15, 4) 1/79	"	UNERAL DIRECTOR	ALL JADDRESS -	U. My	PR 1 1981	256. REGISTRAR'S SIGNATURE



STATE OF MARYLAND

and the second of the second o March 1971 And 1971 A MERCE OF COMMERCE TO SEE STATE OF THE SECOND PARTY OF THE SECOND P

	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	77	3 7
2 C-40		CEASED NAME PIRST BORPRINT)	uchahah	5ry	3 ley	3-26 -8		26. HOUR 5 50 AM
(M)	3. SE	emale	White	5. DATE O	F BIRTH		MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
death in the state of the state	7	enne se e	L. S.A.  NAME OF HOSPITAL, NU	WIDOWE		9 BALTIMORE CITY OR CO	//	WD
in by the be filled	W	25/min 5+2/	arrell Count	TY GEN	1 //	(TYPE OF MORK FOR MOST OF WOR	KING LIFE   INDUSTRY	OF BUSINESS OR
within 24 ho	130	THE SNAME	TY // 13 PATY OR T		13d. INSIDE CITY LIMITS? YES NO P  15. MOTHER'S MAIDEN NA.	130. STREET ADDRESS AND	Hon Rd.	,
De de de de la	160 \	VAS DECLASED EVER IN U.S. ARM	NED FORCES? 166 SOCIALS	ECURITY NO.	Rebecce 17. INFORMANT	ADDRES 3	C053	los Rd.
sicion and copers. Pages of	(	18 CAUSE OF DEATH (Enter only	y one couse per line far (a), (b	1, ond (c) 1	Mancys. Br.	iscoe Tah.	APPROXI	MATE INTERVAL ONSET AND DEATH
h certifica oding phy carbonpa or remov		PART I. DEATH WAS CAUSED  IMMEDIATE  IMMEDIATE	- 1	ELMUR EQUENCE OF	of Briag	Cascenon	4	
that the death ce d by the ottendin ease remove carb ol, cremotion, or r or other troumotic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	EQUENCE OF				
equires to signed Then ple to burion injury, as	NO	PART 2 OTHER SIGNIFICANT CO	onditions contributing	TO DEATH BUT I	NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION		a)
low so be ermit sony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION		YES NO	IFYES, WERE FINDIN CERTIFYING CAUSES YES [	NGS USED OF DEATH? NO
HYSICIAN: The ading physicion in scerificate h buriol-tronsit p i Mental Hygier or them 18 show	C. A.	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)	
DING PHYSIC or offending Affer this cer se os the burio colth and Ment morked or the	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
RECTOR red for u ppt. of He em 21 is		22a I certify that (1) (this hospite saw the deceosed olive on above, (1) (we) (did) (did not 22b. SIGNATURE	3/26	19 F/, an		death accurred on the date of		
by the by the ERAL se detre Stote		22d. PHYSICIAN'S NAME (TYPE OR	murille print	,	22e ADDRESS	DIRECTOR PHYSICIAN		
TO HOSE retoined TO FUNI should be with the IMPORTA	23 a	MANUEL BURIAL CREMATION REMOVAL	J. SEVILL.	234 NAME OF CE	A19 C Mal	23d. LOCATION	COUNTY M	STER /
BP DHMH - 16 50M 7/77	24 F	PE MET I OR UNERAL DIRECTOR NAME	3-27-81 1 2 1 200 MESS	Westul	h / BARAT	FREC'D. BY REGISTRAR 256. F	Mar	yard
(VR A 15 (4))	11	romas U. Metche	or west,	miny	110.	-0,00,	- Com	Gr.



7)	- Mary		500				STATE OF	MARYLAND		~		7 13
			FOR STATE		AAF			H AND MENTAL		U	11	5 0
			REGISTRAR	FIRST	WE	MIDDLE	AMINER'S	CERTIFICATE		REG. NO.		
			CEASED NAME PE OR PRINT)					LAST		CCTI /W		EAR IL HOUR
95.5	P 1 2 1			Euge		Weant		ambaugh	DEATH	MATED MA	arch 17,98	31 1:00"
44	DE 250	J. SEX	ale	4. RACE White	S. DATE OF BIRTH	YEAR	GE (IN YEARS IF L	NDER 1 YR. IF UNDER	MIN. PRONOUN	ICED Man	rch 17, 8	31 120
A.R.Y	11100		RTHPLACE (ST		Julyhl6,		50 YRS.		DEAD		19	P.11/4
255	中国企业	FC	REIGN COUNTRY)		U.S		MAR	RIED NEVER MARE	RIED L		OUNTY OF DEAT	(H
2	5 × 5	NO CI	laryland	d OF DEATH	Accessed to		WIDO			rroll Co		MD
ELAY IS	2, AND 3 TO THE 3. RETAIN PAGE SHOULD BE FILED RECORDS, 301	3	aneyto	wn	5435	Bowers	ADDRESS) Road	HER INSTITUTION	FOR MOST OF WOR	KING LIFE)	Relig	F BUSINESS DUSTRY LON
	AIN AIN	Mag S	TATE	(IF IN NURSII	R OTHER INSTITUTION, G	THE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRE			
21201 F AN	AND SHOULD	I	enna.	Ju	niata	Port	Royal	YES NO	404 M	ain Stre	et	
MD. 2	~ A 4	14. F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	DENNAME	IDDŁE	LAST	
E, M	34 AM 34	13	Charle	98		Stambau	gh	Rena		ae	Weant	
AOR TER	FORM P	16a V	VAS DECEASED	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL	SECURITY NO.	17. INFORMANT		ADDRESS 40	4 Main S	treet
ALTIN	SION		No			217-3	0-6313	Mrs. Kay S	Stambaugh	Port B	loyal, Pi	17082
ST., BA			18 CAUSE O	F DEATH (Enter an	ly one cause per in	for (a) (b), on	d (c).)	111 0	11/1		APPROX	IMATE INTERVAL ONSET AND DEATH
Z ST	4 PENCIL IN ITEM 18. EXAMINER ALONG V AL-TRANSIT PERMIT. MENTAL HYGIENE, DR REMOVAL.		PARTIDE	ATH WAS CAUSE	TE CAUSE (a)	Hovos	selevale	e Carde	ovascular	ulexea	2	ON SET AND DEATH
N SIO	AL ALC	-	429	2-	DUE TO, OF	AS A CONSEC	UENCE OF	Total State				1367147
Z Z	ANS ANS AOV		Condition gove ris	is, if ony, which	(b)							
3 0	N PENCIL IN EXAMINER A RIAL-TRANSIT MENTAL HY OR REMOVAL			stating the under-		AS A CONSEC	UENCE OF					
301		100			(c)							
DS, EXE	NG" IN NG" IN A BURI 1 AND TION, C		PART 2 OTNER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DISE	SE OR CONDITION GIVEN IN P	ART 1 (a).			
000	A S A S A S A S A S A S A S A S A S A S	CERTIFICATION						IN ME				
NTAL RE		CA	19a. DATE OF	OPERATION	19b. COND	TION FOR WHI	CH OPERATION	WAS PERFORMED?		Seren.	20 AUTO	PSY?
SHO	WORD HE CHIE INT OF URIAL,	RTIF									YES	□ NO □
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, S CERTFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE	ITING THE WORD DED TO THE CH 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURIAL			L CAUSE WAS	21b. TIME O HOUR A.A	FINJURY A. MONTH DA	Y YEAR 21c. I	OW INJURY OCCURR	ED LENTER NATURE OF INJ	URY IN ITEM 18 PART 1	OR PART 2)	
IN TIFIC	ART OF TO	MEDICAL		OR CAUSE OF	DEATH P.A	١.	19	40-543111				
IVIS CER	DED TOPE 3 SHORE DEPAR	MED	21d INJURY O	NOT WHILE	STREET FAC	OF INJURY (A	THOME. 21f. L	OCATION STREET	CITY OR TO	VN	COUNTY	STATE
王	WR VAR AGE 201		AT WORK	NOT WHILE C	7					1 : 75	32.5	
ax ax	ATE, ORN, OR, OR, OR, OR, OR, OR, OR, OR, OR, OR	115	27a Contif	y thight Took charg	pe al he remains de	cobed obage, I	eld on Auto	psy , Inspectio	on , Inquiry	ond in	my opinian	
N	AND	M	death results	d from Not	tol courses	Belidge	Suicide [	], Hamicide .	Undetermined mo	nner ,		
XX	CERT ILD NIT WIT ARYL	100		/	1/1/	X	1	TITLE (SPECIFY)				
AL B	A HE		SIGNATURE_	Liela	260	eres >4	0	Deputy	TT County	INER S	IGNED 3/1	7/81
Dig	NEW S		EXAMINER'S	A Prichave	1 A Janas	. M D		Larro	oll County	General	Hospita	
W C	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE ST BATTIMORE, MARYLAND, 21;				A Jones			ADDRESS	inster, M	21157		
5	PA TO	23a.BI	DEC IEV	ION, REMOVAL			E OF CEMETERY		23d LOCATION		COUNTY	STATE
В	BP	24 5	Bur:		Mar.21,19				Taneytow	n, Carro	II, Mary	Land
	DHMH - 17 R A 15 ME (5))	2.0	NERAL DIRECT				timore S	L. BAN	REC'D. BY REGISTRA R 2 3 1981	R 25b. REGISTRA	R'S SIGNATURE	edig
	15M 7/77	S	ciles F	uneral He	ome Tan	eytown,	MD 217	87	וטטו טאות	-		

Life July 1, 1980 48 The result of th by Land manytone Chertenn Land Tenner Hond Second and the South of the Second of the Se anligato 237-78-0323 Nove. Say Starburgs Fort Revol, Va 17082 and all Mon. 77, 1981 Printly Disherts Jos. (Labertson, Carell, Martinal Aldied Dinevel Fore Parayther, Wo 21787

3	1 -	FOR STATE REGISTRAR	D	EPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	07739
y be deoth		CEASED NAME FIRST ORARINI)		STrons	sst SKY		MONTH DAY YEAR 26 HOUR 3 - 20-81 98 M
Poge 4 moy director poe	3 SEX	MALE	4 RACE WHITE	5. DATE C		6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN.
deoth. Po	C	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT COL	MARRIEI WIDOWE	DIVORCED D	Carrol	R COUNTY OF DEATH
ts ofter by the lifed with	10	ostown of DEATH		VE STREET ADDRESSI	ROTHER INSTITUTION	(TYPE OF WORK FOR MOST OF Tailo	F WORKING LIFET INDUSTRY
LAND 215 nin 24 hou ly filled in should be	1	AL RESIDENCE (IF NURSING HOME O		DR TOWN	13d INSIDE CITY LIMITS?		Westminster, Md. n Club Road
MARYL ed with mpletel ond 2 s		THER'S NAME artholomew		nsky	IS. MOTHER'S MAIDEN NA FIRST  Katherine	MIDDLE	tast
MORE, n ond co		VAS DECEASED EVER IN U.S. AI ES, NO OR UNKNOWN) (IF YES, GIV NO	VE WAR OR DATES)	01-5378	A Paul W.	Stronsky	8569 Water Oak Rd
5, 201 W. PRESTON ST., BAL ires that the death certificate gned by the attending physica in please remove carbonpaper burial, cremotion, or removal. ry, or other troumatic event, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSI IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT.	DUE TO, OR AS A CO	NSEQUENCE OF	of the lun	MINAL DISEASE OR CON	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH  3
TAL RECORDS The low required to the low required to the low been signification. In the low required to the low prince to the low shows ony injury to the low shows ony injury to the low low low the low	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	Harlich OPERATIO	N WAS PERFORMED	200 AUTOPSY?	70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL ING PHYSICIAN: The ottending physicion of the buriol-tronsit th and Mentol Hygie orked or frem 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 210. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	
3 0 0 0 0	W	WHILE NOT WHILE 22a.1 certify that (I) (this hasp	/ 7 / 2	I fromS	13 19 80	, to	3/20, 19_5/, that (I) (we) lost
TAL OR ATTEN TAL OR ATTEN RAL DIRECTOR: detoched for us total Dept. of He NI: if them 21 is		22b. SIGNATURE	a. Part	1.	ATTENDING PHYSICIAN	MEDICAL STAI	1AN 3/20/8/
TO HOSPITAL TO FUNERAL should be det with the Stote		1284 PHYSICIAN'S NAME (TYPE	A. POULSEN		WESTMI	lash, Hets. NSTER, M.	0. 21157
BP	23a. E	Burial, CREMATION, REMOVA	3/23/81		emetery or crematory ridge Mem. P	23d LOCATION CITY OF TOWN Elkridg	e Howard Md.
DHMH - 16 50M 7/77 (VR A 15 (4))		uneral director SSAHN FUNERA		ress 1 Belai:	D/M		756 REGISTRAR'S SIGNATURE

ALECT TO A STATE OF THE STATE O . has a shown the enteresting our most established at the content of dil is zili about title of the Control of the Co

				STAT	E OF MARYLAND	0 1 1	7711
	11	FOR STATE			EALTH AND MENT A	HYGIENE O I	3//4
		REGISTRAR		CEKTIF	ICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	MIDDLE		AST 1 /	28 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	ITYP	Marga Marga	rot En	1.4 SI	IVac	3	3 1981 1301
1	3 SE		1 RACE	S. DATE	NE BIOTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IN UNDER 24
13	3 36		T KACE	MONT			MONTHS DAYS HOURS
9		temale	white	04	DAY YEAR	8 /2 YRS	i
21		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT C	OUNTRY?	D NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH
У	1	md,	U-SA.	WIDOWE		1 7 7 7 7 7 7 1	Co.
5	10 C	ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	128 USUAL OCCUPATION	126 KIND OF BUSINES
Tol	b	Jestminster .	Carroll Such FACILITY	COUNTY	Hospital	Cafeteria	B&D
E-7/	USU 13a	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUL		IDENCE BEFORE ADMISSION)	1 134 INSIDE CITY LIMI	TS? 13. STREET ADDRESS	
S C	Ma	ryland Carr		ampstead	YES NO		oad
Xa	14. F	ATHER'S NAME			15 MOTHER'S MAIDE		
4/1	4	? ANISTA IL	MODIE FI	seroad	FIRST	MIDDLE	milligan
\$ L	1	WAS DECEASED EVER IN U.S. AR			Lde	ADDRESS	1111114an
the m			E WAR OR DATES)	OCIAL SECURITY NO	17 INFORMANT		
		no	21	6-03-9194	Mrs. Betty	Rohde, Reisterst	
ven		IS CAUSE OF DEATH (Enter or	aly one cause per line for	(a), (b), and (c).)			APPROXIMATE INTERV.
ic e		PART I. DEATH WAS CAUSE		ner ce	which and	antim	
E		410 OMMEDIA	TE CAUSE (a)	7			
ran	15	110		CONSEQUENCE OF	1		
Jer 1		Canditions, if any, which gave rise to immediate	( 1b) ac	herselest	i Geart	Diease	
othe		cause (a), stating the	DUE TO, OR AS A	CONSEQUENCE OF			
ö		underlying cause last.	( (c)				F 16 - 3
Jan.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBI	UTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION O	GIVEN IN PART 1(a)
7	N N			A E III			
e sy	1 =	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFORMED	20e AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
shov	문	1 1 2 3 3 3 2 2 2				INCER	TIFYING CAUSES OF DEATH
00	CERTIFICATION	na according to a finance	T AN YOUR OF BUILD	NY	Tal. How hims	YES NO	YES NO
Item 9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		ONTH DAY YEAR	THOW INJURY OF	CCURRED JENTER NATURE OF INJURY IN ITEM I	B, PART ( OR PART 2)
or to	13	(IF EITHER, NOTIFY MEDICAL EXAMINER		19			
kedo	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJU		211 LOCATION STREET		COUNTY STAT
5	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC.)	21MEET	CITY OR TOWN	COUNTY STAT
E		AT WORK	4-10 - 44 - 4 - 4 - 4	II Fel	23 19	y, man 3	10 7 4 4 4
		220 I certify that (I) (this hasp saw the deceased alive an	hada 2	ised from	. 19	. 10	, 19_ <del></del>
E	0	abave, (1) (we) (did) (did no	n) view the body after de	eath.		inian death occurred on the date and h	
=	170	226. SIGNATURE	1		DEGREE		22c. DATE SIGNED
<u>:-</u>		John.	· - Harch	mo mo	" ATTENDI	NG MEDICAL STAFF	3/3/8)
MPORTAN	1	224 PHESICIAN'S NAME (TYPE C	R PRINT)	0	22e ADDRESS		
5	100	LOIYN	S. ILARSI	454	Carel	- ST. Westmind	5 mid 211
E -				//			1
	230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMAT	ORY 23d LOCATION	COUNTY STATE
		Burial	3-5-81	Wesley	Ceme tery		Carroll Me
	24 F	UNERAL DIRECTOR			250	DATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
25M 1/79		Eline Funeral H	ome Hamnet	ADDRESS ADDRESS	21074	MAD 6 1981 Just	7.7.
.,,,,		Dirich Lanciar I.	one o Hamps	Cau IIu.	22014	TIME O LAG.	

8 87 40 x 10715 X 2 Met 08-77VV var. Sector volute, Heliaberelovin, Mi. the Ports of beads of Galacie galacie The state of the s

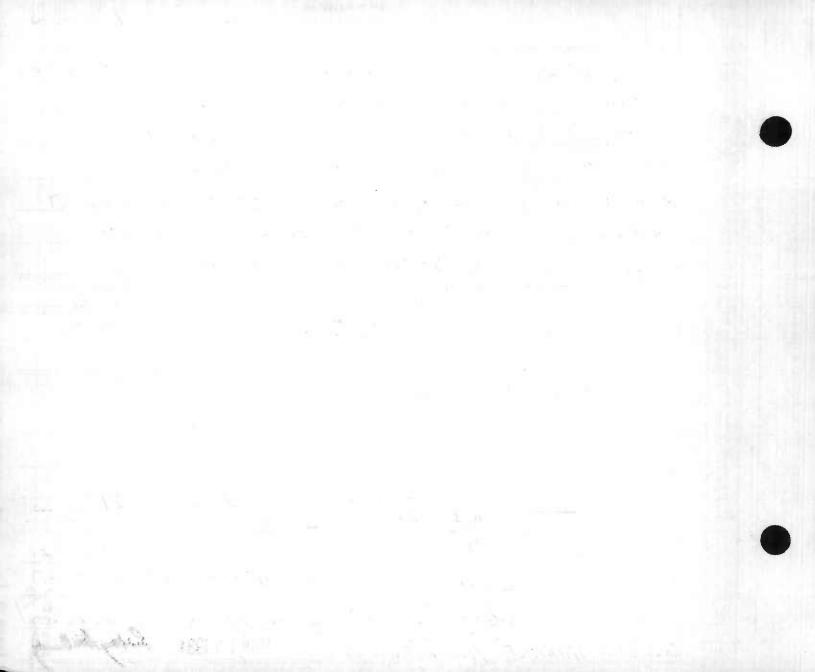


		1 -	FÖR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	07/42
	100		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
poge 3		{TYPE	JESSIE	E. Welsh		3	20 1981 10:00 M
r, po		3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS OAYS HOURS MIN
ge 4 ecto				W	3 16 05	76	YRS.
6 500 0	2	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
de de la constante de la const	DD.	-	Md	USA	WIDOWED DIVORCED	Carr	roll
in the second	200	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	
s of	10/0	Wes	tminster	Westminster Nur		Weaving	CLOI'H MY
be din	o L	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE			
24 h				roll Westmins			olson Rd.
ithin 2 sh	ine	14 FA	THER'S NAME		15 MOTHER'S MAIDEN	NAME	
y bade	5)(0)		Martico	Melch	Margie	E .	Davis
5 0	0 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRE	
e exect	ned /	()	res, no or unknown) (if yes, giv	a 521-26-0	1536   Sara Cath	erine Zepp	s/a
le be	The T			nly one cause per ling (a), (b), and		crime depp	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
fico	ent,		PART I. DE ATH WAS CAUSE	DBY:	on Occlus	rin	BETWEEN ONSET AND DEATH
cert ing i	ic ev		IMMEDIA	TE CAUSE (o)	10	1	surg- a
tend te co	OE C		7/00	DUE TO, OR AS ACONSEQUE	NOF DENTI FO	dans	6 year
e of move	10		Conditions, if ony, which gove rise to immediate	(b)	2000 (1119) 70		8
ot the serve	010		couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		
	ō		DART O OTHER CICALIES AND	CONDITIONS CONTRIBUTING TO D	NEATH BUT NOT BELATED TO THE	750-10-10-10-10-10-10-10-10-10-10-10-10-10	Tio Louis Alexandra
sign sign hen to bu	lory	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT KELATED TO THE	TERMINAL DISEASE OR CONL	MION GIVEN IN PART 1(6)
w reen	<u> </u>	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
n. nos b	2	IFIC				/	IN CERTIFYING CAUSES OF DEATH?
sicro sicro sicro sicro nsit nsit	Supplier	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJUR	
CIAN: 3 physic ertifico iol-tror ntol Hy			OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	AY YEAR		
HYSICIA Iding p is certif buriol-1 Mentol		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
PH then the then		ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOW	N COUNTY STATE
or or of other of the offith of the other of	Š		AT WORK AT WORK		311/	3/2	
TENE TO OR:	5	70	sow the deceased alive on	ital) attended the deceased from		, 10	te and hour and from the couses stated
hospir hospir hed to ept of	E		obove (I) we) (did) (did no	t) view the body ofter death.	DEGREE	mon deam accorred on the do	
			220. SIGNAFORE	0 Plake	MO ATTENDIN PHYSICIA	IG MEDICAL STAF	F 22c. DAVE SIGNED
RAL det	<u></u>		DAL DUNG IS MANGEN LAND	silves the price	PHYSICIA	DIRECTOR PHYSIC	IAN [] -120/81
HOSPITAL FUNERAL Puld be det h the Stote	Y J		22d. PHYSIC AN'S NAME (TYPE	PRINTING 6 0 -L-	1 0 8 SIN	Green St	- 411
O HOSPITAL etoined by the TO FUNERAL should be det with the Stote	2		Julius	nepo	1.1)	Vestminst	er, als 2/157
E E E W > 3	3	23a E	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATO	ORY 236 LOCATION	COUNTY STATE
BP	-		urial	3/24/81 D	eer Park Cener	ony Smallwood	Carroll Md 25b. REGISTRAR'S SIGNATURE
DHMH - 16 50M 7/77		24. FL	INERAL DIRECTOR	ADDRESS		2004	
(VR A 15 (4))			Pritts Fune	ral Home West	minster	MAR 30 1981	perfry/Metrody

. he wonders it is a first transfer town of the . he elver to the control of the control May be the market of the control of William Control of the Control of th and 2 to the second of the sec A Company of the second of the

	1.	FOR STATE REGISTRAR	DEPAR		IEALTH AND MENTAL HYG	IENE 5	U	1 /	4 3
	1. DE	CEASED NAME FIRST	WIDDLE	(	AST		MONTH DA	AY YEAR	26. HOUR
	(TYPE	CHAR	LES C.	WI	HORTON	Mas	ch 3	1981	620 A.
	3. SE	X	4 RACE	S. DATE C		& AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
		Male	White	7	4 1923	57	YRS		HOURS MIN
35		PRIMPLACE (STATE OR FOREIGN DUNTRY) Maryland	16 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O	R COUNTY O	OF DEATH	MC
2	ك	y kesville	11. NAME OF HOSPITAL, NURS FROT IN SUCH FACHITY, GIVE STRE	pital (	Center Institution	120 USUAL OCCUPATION OF WORK FOR MOST O			F BUSINESS OR
35	130 M	ALRESIDENCE (IF NURSING HOME STATE IN CO Was	OR OTHER INSTITUTION, GIVE RESIDENCE BET UNITY 130 CITY OR TO HIMP TON HOSPERS	ORE ADMISSION)	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 329 W.	Anti	etam	SY.
//	14. F/	ATHER'S NAME William	MIDDLE Whorton	Sn.	15. MOTHER'S MAIDEN NAME FIRST	MIDDLE	Nici	holas	
2	16a V	VAS DECEASED EVER IN U.S., ves, no or unknown) (IF yes, c		4-9221	Hospital.	records.	SS		
,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a), (b),	ond ic	/			BETWEEN C	MATE INTERVAL
				KMOH	ia-			Day.	5
Ě		3457	DUE TO, OR AS A CONSEC	UENCE OF	5 10			Year	de.
other trau		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEC	DUENCE OF	prepay			7201	3 ,
njury, ar	NO	PART 2 OTHER SIGNIFICAN Ment	T CONDITIONS CONTRIBUTING TO al Refardation		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART I (c	) 1
2 your	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
18 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMIN	PE 71111	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PAR	RT   OR PART 2)	
ze o o o o o o o o o o o o o o o o o o o	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		211 LOCATION STREET	CITY OR YOU	VN	COUNTY	STATE
21 is ma		sow the deceased alive	spital) attended the deceased from an Manch 3 19	C-1	nd that in (my) (our) apinion o	to deoth occurred on the do	ote and hour		that (I) ( <u>we) l</u> ast couses stated
IT. If hem		226. SIGNATURE	fun . s . d .		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI		22c. DATE :	SIGNED - 1981
MPORTANT		224. PHYSICIAN'S NAME (TYPE) SUH A	OZ GUN		220 ADDRESS Spain	spield Hosp	ital, s	gkesville	R, Hd.
3		BURIAL, CREMATION, REMOVA	3-6-8/	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CLY ORTOWN	town	CUNTYMA	Ellan
OM.	24 FI	UNERAL DIRECTOR	H 3p TOORS	1. Pore	mas St. 250 DAS	RECD. BY REGISTRAR	25b. REGIS	AR'S SIGNA	URE

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEASED NAME MIDDLE 20. DATE OF DEATH 26 HOUR 50 Mamie 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 1898 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Leonard Greif 13e. STREET ADDRESS Wind YES NO 15. MOTHER'S MAIDEN NAME MIDDLE Ida W. EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY NEPHROTIC SYNDROME Conditions, if ony, which gove rise to immediate (a), stoting HYPOPROTEINEMIA DUE TO, OR AS A CONSEQUENCE OF

COMPLETS	NEART BLOCK	NOT RELATED TO THE TERMIN	CE MAIGE	DITION GIVEN IN PART 1(0)	
DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES	
ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH ETHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
INJURY OCCURRED  ILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
certify that (I) (this hospital) sow the deceased plive on above, (I) (we) (did) (did not) vi	3 8 8 19	od that in (my) (our) opinian de	to, to		t (I) (we) las ses stoted

24 FUNERAL DIRECTOR

FOR - STATE

TYPE OR PRINT!

M. BIRTHPLACE

ma 4. FATHER'S NAME

No

PAR

21a. OR . 21d.

220.

22b. SIGNATURE

CERTIFICATION

3. SEX

REGISTRAR

Burial 3-21-81

22d. PHYSICIAN'S NAME (TYPE OR PRIN

230. BURIAL, CREMATION, REMOVAL

" mans

Funeral Home, Hampstead, Md.

MORJARIA

23c. NAME OF CEMETERY OR CREMATORY Forest Cemetery

DEGREE

22e ADDRESS

Upp er co

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN

Balto Marie

STREET MANCHESTER MD.

22c. DATE SIGNED

3.19.81

21102

21074

MAR & 3 1981 and the second se

DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: IF

ALSO DE LEVE IN 1 Mary Street Committee of the second s THE BOOK BOOK AND SHEET THE STATE OF THE STA Hills who I I do within 34-09 de 72 31 Fogn 52 of 411134131317071 THE MAIN SAA THINGS WISH IN ART SPECIAL TO tel Priz BURGER MANUAL TERRESTOR OF THE STATE OF THE . Se coli corona de managara de la colona dela colona de la colona de la colona de la colona de la colona dela colona de la colona dela Mills .co. terms to be brack will

STATE OF MARYLAND

.T. Till Hellis Drews. talle - A dista to lot. 10,1010 Laryland L.S.A. herefyrestringter Cerroll County Conard Tors. Foremen dan a blocker broll stiff to remaining the locate beatques willo Ili e tredil uning the -1084 Lake We wind Torrent. with the state of the state of

Taneytown, MD 21787

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

75 HOUR

IF UNDER 1 YEAR

INDUSTRY

DAYS

12h KIND OF BUSINESS OF

APPROXIMATE INTERVAL

NO [

STATE

COUNTY

22c DATE SIGNED

Own Home

Mverly

9145a

FOR - STATE

REGISTRAR

Skiles Funeral Home

DHMH-16 60M 1/73 (VR A 15 (4))

Diff. of Park.	45.412	anari s	
	,	6,71-11	a and the
which Time			Fx
oranator One Br	Japan Japan J	Last Jan 197	resilvane l
ers mesocialism down ACI		versi Lin	ent frinfrass
elmet extredist			ndo l
	-L'aligne Darie	32-812	04